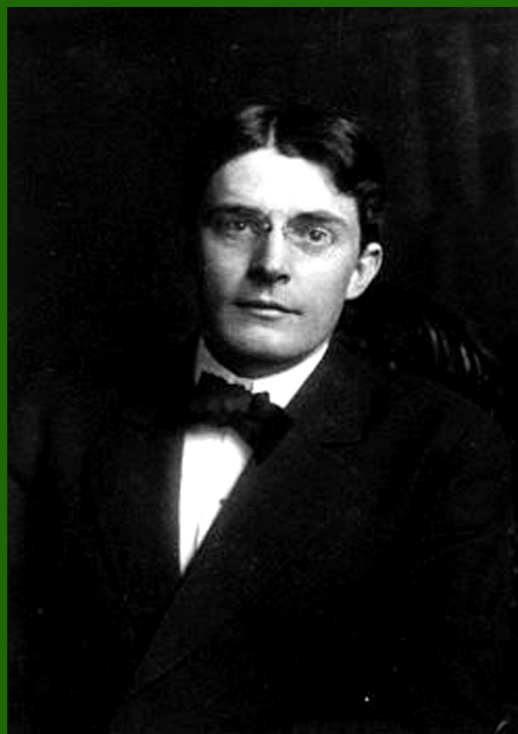




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



John B. Watson (1878-1958)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
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INDIAN PSYCHOLOGY

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Editor in Chief

Prof. Suresh M. Makvana, PhD

Editor

Ankit P. Patel

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Message from Editors

Welcome to **Volume 2, Issue 4**. Throughout this period, IJIP focused on improving our policies, format and facilities provided, keeping in mind our authors; because we love our authors and our authors love us!

Our main purpose is to put forward a variety of psychological ideas and researches to the world. We also aim to develop meaningful relationships with good publications around the world. We do this with the aim of providing advantage to us and to them. Some of the major publishers and institutes we have tried to connect to be **WHO, APA, Google, Academia, OAJI and Research Bible**. We have also been given a chance to work with Publishing Police at a very low cost and high quality benefits.

IJIP has been rewarded with a No. 1 position with a score of **19.67** on the **Directory of Science** which lists the top 100 science journals throughout the world. Our **impact factor is 4.50**, evaluated by Index Copernicus International, from Warsaw, Poland.

In the following issue experts in varying fields of psychology have shared their ideas related to psychological problems and their solutions. We are grateful to these authors for allowing us to publish their researches and ideas in this issue. We would also like to thank other writes, and our beloved readers for providing a strong support and being a part of team.

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Person of the Issue: John B. Watson (1878-1958)

Ankit Patel¹

	January 9, 1878
Born	Travelers Rest, South Carolina
	September 25, 1958 (aged 80)
Died	New York City, New York
Nationality	American
Doctoral advisor	J. R. Angell ¹
Education	University of Chicago



John B. Watson grew up in South Carolina. While he later described himself as a poor student, he entered Furman University at the age of 16. After graduating five years later with a master's degree, he began studying psychology at the University of Chicago. Watson earned his Ph.D. in psychology in 1903.

Watson began teaching psychology at John Hopkins University in 1908. In 1913, he gave a seminal lecture at Columbia University titled *Psychology as the Behaviorist Views It*, which essentially detailed the behaviorist position.

According to John Watson, psychology should be the science of observable behavior. "Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness," he explained (1913).

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¹Classics in the History of Psychology": "Watson obtained his Ph.D. under the supervision of Angell 1903.

Person of the Issue: John B. Watson (1878-1958)

Watson remained at John Hopkins University until 1920. He had an affair with Rayner, divorced his first wife and was then asked by the university to resign his position. Watson later married Rayner and the two remained together until her death in 1935. After leaving his academic position, Watson began working for an advertising agency where he remained until he retired in 1945.

During the later part of his life, John Watson's already poor relationships with his children grew progressively worse. He spent his last years living a reclusive life on a farm in Connecticut. Shortly before his death, he burned many of his unpublished personal papers and letters.

Contributions to Psychology

Watson set the stage for behaviorism, which soon rose to dominate psychology. While behaviorism began to lose its hold after 1950, many of the concepts and principles are still widely used today. Conditioning and behavior modification are still widely used in therapy and behavioral training to help clients change problematic behaviors and develop new skills.

Watson earned his Ph. D. from the University of Chicago in 1903. In his dissertation, "Animal Education: An Experimental Study on the Psychical Development of the White Rat, Correlated with the Growth of its Nervous System" he described the relationship between brain myelination and learning ability in rats at different ages. Watson showed that the degree of myelination was largely related to wand learning. He discovered that the kinesthetic sense controlled the behavior of rats running in mazes. In 1908, Watson was offered and accepted a faculty position at Johns Hopkins University and was immediately promoted to chair of the psychology department.

"Little Albert" experiment (1920)

In his most famous and controversial experiment, known today as the "Little Albert" experiment, John Watson and a graduate assistant named Rosalie Rayner conditioned a small child to fear a white rat. They accomplished this by repeatedly pairing the white rat with a loud, frightening clanging noise. They were also able to demonstrate that this fear could be generalized to other white, furry objects. The ethics of the experiment are often criticized today, especially because the child's fear was never deconditioned.

Person of the Issue: John B. Watson (1878-1958)

In 2009, researchers were able to identify Little Albert as a boy named Douglas Merritte. The question of what happened to the child had intrigued many for decades. Sadly, the researchers found that the child died at age six of hydrocephalus, a medical condition in which fluid builds up inside the skull.

In 2012, researchers presented evidence that Merritte suffered from neurological impairments at time of the Little Albert experiment and that Watson may have knowingly misrepresented the boy as a "healthy" and "normal" infant.

Timeline

Years	Happenings
9 Jan 1878	John B. Watson was born in Greenville, South Carolina.
1 Jan 1891	Watson's father left the family.
1 Jan 1894	Got acceptance from Furman University.
1 Jan 1899	Graduated from Furman University.
Jan 1 1900	Began studying at Chicago University.
Jan 1 1901	Watson majored in psychology and minored in philosophy and neurology at the University of Chicago.
Jan 2 1901	He married Mary Ikes.
Jan 1 1903	Graduated from Chicago University with a PhD in experimental psychology.
Jan 1 1905	Dr. Watson's first child, Mary, was born.
Jan 1 1905	Enrolled at John Hopkins University.
Jan 1 1906	Watson was hired as an instructor at the University of Chicago
Jan 1 1907	Watson was hired as an associate professor of psychology at John Hopkins University. (It was here that he became known as the Founder of Behaviorism.)
Jan 1 1914	He published Behavior: An Introduction to Comparative Psychology.
Jan 1 1914	Watson became the President of the American Psychological Association.
Jan 1 1916	Dr. Watson began his study on mental illnesses.
Jan 1 1919	Watson published Psychology From the Standpoint of a Behaviorists.

Person of the Issue: John B. Watson (1878-1958)

Jan 1 1920	Watson was dismissed from John Hopkins University
Jan 1 1920	He published the "Little Albert" Experiment.
Jan 1 1921	Moved to New York.
Jan 1 1924	Watson became Vice President of J Walter Thompson Agency.
	He published Behaviorism.
Jan 1 1928	Watson published the Psychological Care of Infant and Child.
Jan 1 1945	He retired as Vice President of William Esty Agency.
Jan 1 1957	John Watson was awarded the gold medal from the American Psychological Association for his contributions to the field of psychology.
Sep 25 1958	Watson died in New York City.

"Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select--doctor, lawyer, artist, merchant-chief, and, yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I am going beyond my facts and I admit it, but so have the advocates of the contrary and they have been doing it for many thousands of years."

–John B. Watson, Behaviorism, 1930

Achievements and Awards

- 1915 – Served as the President of the American Psychological Association (APA)
- 1919 – Published *Psychology From the Standpoint of a Behaviorist*
- 1925 – Published *Behaviorism*
- 1928 – Published *Psychological Care of Infant and Child*
- 1957 – Received the APA's award for contributions to psychology

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A Case of Obsessive Compulsive Disorder and Nicotine Abuse with Distorted Family Dynamics

Mr. Kannappa Setty V¹, Dr. Sanjeevkumar Manikappa²,

Dr. R Dhanasekara Pandian³

ABSTRACT:

In the 21st century where communicable diseases are being replaced by behavioral problems, there is increased need for psychiatric social work interventions in dealing with psychosocial issues and restoring individual functioning. Changing familial and social structures too have negatives impact on the management of psychiatric disorders, especially in rehabilitation of persons with severe mental illnesses. Here is a case study that highlights both the importance of and challenges in psychosocial Interventions.

The case study illustrates the rehabilitation process of a client with obsessive compulsive disorders, poor secondary social support, distorted family dynamics and frequent relapses. The client was enabled to make informed choices about his illness, occupation and social rehabilitation.

Keywords: *OCD, Family dynamics, Psychiatric social work interventions.*

BRIEF CLINICAL HISTORY:

The client was apparently well till 15 year of his age when he was studying in high school. At this time, he started to get repetitive and involuntary sexual images. If he thought or saw any person, he would get these sexual images of them. Initially there was not much distress to the client & could manage his daily activities including going to school regularly. Hence he didn't reveal this information to anyone in the family but later he found it very distressful, as he would get the sexual images of parents also and was unsuccessfully resisting the images by distracting his mind from the sexual images and at times doing some other activities. He would get these repetitive images 5 to 8 times a day lasting for 20 to 30 minutes each time. He was always preoccupied that the images might come repetitively. Eight months after the onset of the illness when his distress level increased, he revealed this to the parents.

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A Case of Obsessive Compulsive Disorder and Nicotine Abuse with Distorted Family Dynamics

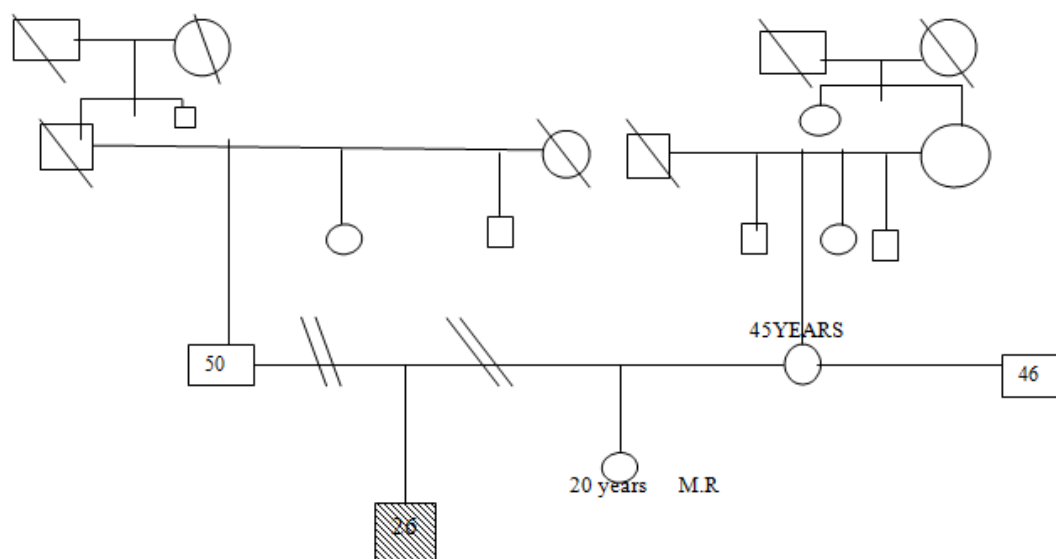
Family members took him to private psychiatrist and was diagnosed as OCD (ICD-10,2007) and put on medications. The client continued medications for two months & later he stopped as his symptoms significantly improved. However, the client did not achieve pre-morbid levels and occasionally he would get these images causing mild distress. During this time he was seen to have low mood. As time passed on, excessive sexual images and suicidal ideas were reported by the client. Besides he was found to have homosexual behavior.

Then client was brought by family members to National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, and diagnosed with OCD predominantly obsessions. Since then client has been treated so many times both as inpatient and outpatient at NIMHANS. But most of the times he would come with drug defaults, irregular follow-up and social problems like conflict between parents, lack of finance support and lack of other support. After mother got separated from her husband, the client used to stay with his father. But his father was more critical, abusive and assaultive towards him. Since then his obsessions and suicidal ideas increased and along with that his homosexual behaviors also increased. He was actively abusing nicotine in the form of smoking (per day 15 cigarettes per day). Because of this he was sent out of home by his father. With this history the client came to NIMHANS and explained his illness and psycho social problems.

FAMILY HISTORY:

The client hails from rural background of low socio economic class nuclear family consisting of 2 members. He is the 1st child born of non- consanguineous marriage. His mother got divorced from her husband, got second marriage and she is staying with daughter and second husband at her parents' village, but the client was staying with his father and since 3 months due to adjustment problems father has thrown the client out of home and he is now homeless. There is significant family history suggestive of mental retardation in the client's sister who is now staying with her mother.

Family Genogram



Father –He is 50 year old, educated up to SSLC and was working in Karnataka state road Transport Corporation. He has taken voluntary retirement. Father is not very concern about the client, the client is not attached to father and they both do not share healthy relationship. He always gets into argument and fight with the client. He is described to be very non cooperative and criticizing father.

Sibling: she is 20 years old and educated up to 7th std. She is reported to mentally retarded and staying away from the client's family with her mother.

Interaction patterns between parents: Parents were not supportive towards each other. They got divorced 15 years back and they live separately without having any relationship. It was reported that children were free to approach their parents but due to divorce of parents they cannot meet them.

A Case of Obsessive Compulsive Disorder and Nicotine Abuse with Distorted Family Dynamics

Interaction between the client and his parents: When the client was child, his parents got separated due to adjustment problems and alcohol abuse in father. Then onwards the client is staying with father and the client's sister is staying with mother. The client speaks to his mother occasionally over phone which is not liked by his father. His father does not interact with him properly. He always criticizes him for trivial issues and does not try to meet his needs.

Interaction among siblings: Until client's mother got separated, there was good interaction between client and his sister. They would play together, would share things and support each other. Now there is not communication between them.

FAMILY DYNAMICS:

Boundaries and Subsystems: Boundaries in the system are closed and rigid where father does not allow anyone in the system and outside the system to express their views and suggestions. For example, he would criticize his wife a lot and beat her up for small reasons, which eventually led her to get divorced from him. Even now he is very critical of his son's behavior and he wishes that his things should run in the family.

Family Developmental Stage: Family with launching young adult (Duvall, 1977)

Leadership and decision-making: Client's father is the nominal and functional head of the family. Autocratic nature of decision making process is present in the family. Other family members are not consulted for their views while making decisions. Father as a leader of the family is not accepted by its members, which has adverse impact on implementation of decisions taken by him alone.

Role structure and Functioning: Roles are not well defined in the family. While allocating roles, members are not consulted. They are just asked to do certain tasks by the leader. Hence, there is lack of role execution by family members. Father as the leader of family has failed to do his job adequately.

Communication: The members of the family used the faulty communication for their needs and wants. Therefore, communication pattern in the family appears to be indirect and not clear. There is huge point of argument in the family.

Reinforcement: Negative Reinforcement is present from father for both adaptive and maladaptive behavior of the family members.

Cohesiveness: Family is not cohesive. Family rituals are absent. They usually do not go anywhere. They do not have even food together.

Adaptive patterns: Family members are unable to cope with the stressful events effectively. They are not strong enough to cope with the problems generally in times of difficulties. All the other family members are not supportive and no one is there to advise the client to be positive in difficult situations. They do not come together in times of difficulties and talk about their

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problems. But sometimes mother speaks over the phone and gives support and encouragement to him. Because of step father's presence with his mother, the client doesn't want to go there.

Social support: Primary support is not adequate as the members of the family especially father and mothers are not available to support the client. Secondary support from relatives and friends is also inadequate. Tertiary support is available adequately from NGO, psychiatric rehabilitation centre and NIMHANS.

PERSONAL HISTORY:

Birth and early development: The client was born out of fulltime normal delivery at home, cried at birth and there were no complications. Developmental milestones are reported to be normal.

Behavior during childhood: Behavior of the client during childhood was reported to be normal, there is no history of thumb sucking or nail biting or bedwetting or any other behavioral problems.

Physical illness during childhood: No physical illness was reported during childhood.

Schooling: Client started schooling at the age of five, was a good student and educated up to 1 year B.A

Sexual history: Client attained knowledge about sex from magazines and peers. He was involved in homosexual activity which involved both oral and anal sex. The client is more attracted towards males.

TEMPERMENTAL HISTORY:

Attention and concentration: The client was reported to be attentive while doing any work or studies and had the ability of concentrating on the activity.

Activity level: Activity level was normal. He would perform his activity as everybody does.

Regularity of habits: Client was flexible in his daily routine. Though he was maintaining a regular routine, he would be flexible in his day-to-day activities.

Initial Reaction: Client was shy to approach new people and was hesitant to new situations and persons. But later he would become familiar.

Adaptability: Client described that he was not able to adjust easily to the new environment.

Intensity: Client described that he was jumping up and excited for any positive events or good thing in his life and could not easily adjust to the disappointments as well.

Mood: Parents described his mood to be cheerful at most of the times.

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Distractibility: File described the client to be able to stay focus on & complete the tasks.

SOCIAL ANALYSIS AND DIAGNOSIS:

Mr. S, 26 year old, unmarried Hindu male, educated up to B.A, from nuclear family with low socioeconomic status of rural Karnataka came to NIMHANS with history of continuous illness of repetitive thoughts and sexual images, suicidal ideas, homosexual behaviors, feeling anxious, preoccupation with these thoughts and images, socio-occupational impairment, unable to adjust with different environments and lack of interest in daily activities and nicotine abuse in the form of smoking cigarettes. With these symptoms he was diagnosed as Obsessive compulsive disorder predominantly obsessions and with NDS.

The client's family is found to be autocratic and judgmental in nature. Right from the beginning of marital life, client's parents would not get well along with each other. They would fight over trivial issues which sometimes used to lead to physical abuse and non communication for some time. Client's father's criticality, dominating nature and none caring towards his wife and other family members were the main reasons for these fights between them. When client's mother could not tolerate his behavior, she divorced him and got second marriages around 15 years ago from now.

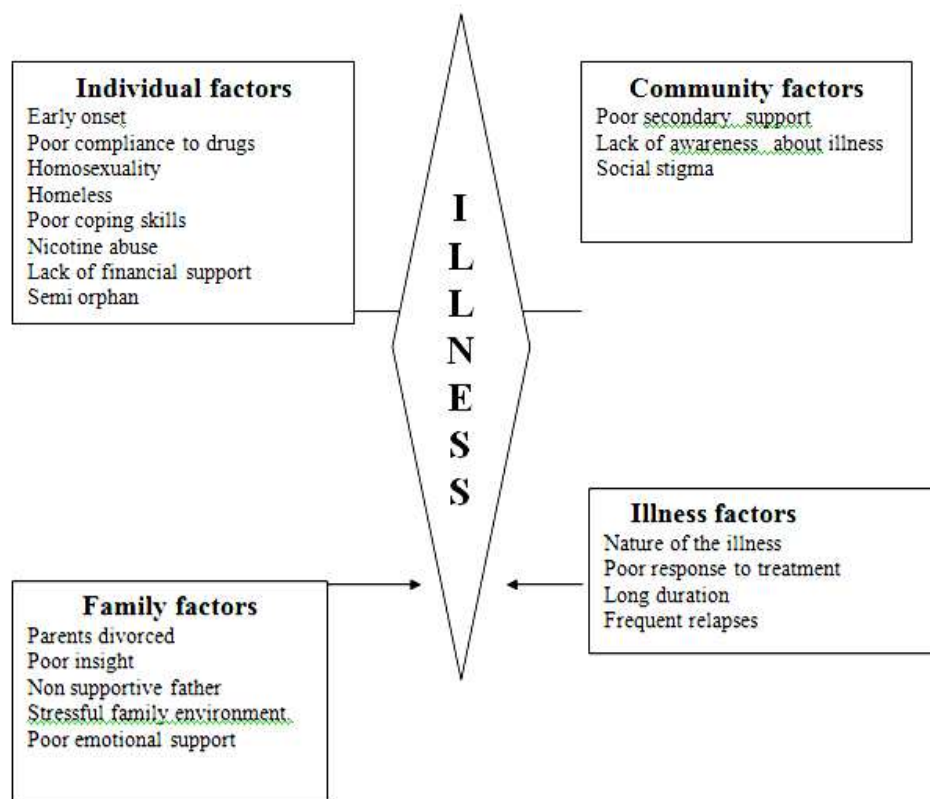
They have two children- client and his younger sister. After divorce the client stayed with his father and his sister was taken by his mother. Family dynamics reveals rigid boundaries, autocratic leadership by father, and non acceptance of the leader, faulty parenting, faulty reinforcement, inadequate primary support and negative ways of coping with the situations.

Family has very poor understanding of client's illness. Instead of taking him to hospital, his father would criticize him, saying "You are pretending to be ill and you do not have any problem". This would bother the client more than illness itself. His father would not give him money for medicines and would not allow him to do any work at home.

The client's poor understanding about the illness has also contributed to some of the relapses. He would stop medicines whenever symptoms came down, thinking that he has recovered and there is no need to take medicines any more. Owing to frequent relapses and non compliance to medication, client's father sent him out of home.

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Pictorial Presentation of the Psychosocial Diagnosis



PSYCHOSOCIAL MANAGEMENT:

Goals of interventions at individual level:

- To enhance client's insight about the problem and treatment
- To enable him maintain abstinence from tobacco use
- To enhance his coping ability
- To provide supportive environment
- To reunite him with his family.

Interventions carried out at individual level

- ❖ Building up rapport with the client.
- ❖ Supportive work.
- ❖ Motivational interviewing.
- ❖ Psycho education
- ❖ Teaching coping strategies.
- ❖ Activity schedule
- ❖ Group therapy
- ❖ Rehabilitation

Goals of interventions at family level:

- To remove ignorance of family members about the illness.
- To enable them understand pathological family functioning
- To address expressed emotions
- To enrich their interaction style in a better way.

Interventions at family level:

As there were many family issues which have been playing as precipitating and maintaining factors for client's illness, the therapist used different modes for contacting his family members, but nobody including his father came to meet him. This is reason why family level issues could not be dealt with till client was in the hospital.

No of Sessions had:

✓ Individual 15 sessions

Interventions individual level:

A. Rapport building:

As a first step of the intervention process, therapeutic relationship between the client and therapist was established to achieve the objectives set for helping the client solve his problems and overcome difficulties. This relationship was maintained throughout the interventions process in a meaningful way.

B. Supportive work with the client:

Supportive expressive work was widely used in which the client was encouraged to discuss his thoughts & levels of anxiousness and feelings and to help him cope with his thoughts. Supportive counseling helps ease the distress trigger by the obsessions, and addresses the low feelings.

Initially the psychiatric social worker introduced the client's illness. Afterward the focus of the intervention was explained to the client and in this process; rapport was established with the client. Support was provided to the client to enable him to ventilate his emotions. In the first session, the client was able to express his difficulties and emotions & could realize the need for changes in his thinking and sense of independency. Client was allowed to ventilate about his experience with the obsessions. Client was helped to let go off the distress by explaining the nature of the illness. Techniques of supportive psychotherapy such as ventilation, reassurance, and guidance were employed accordingly to deal with the emotional issues of the client which helped in instilling the hope for recovery (Nolvis, Rojcewicz, and Peele,1993).

C. Motivation enhancement therapy:

Theoretical basis for intervention: The motivational interviewing technique is a key component of MET. It was shown to overcome client s' reluctance to enter treatment more effectively than did conventional techniques (Miller, Meyers & Tonigan 1999) MET is very effective and it is found to help in decreasing each day for heavy drinkers and smokers decrease the consequences of smoking, increase of abstinence day, increase global assessment of function, and improve in stage of change readiness and treatment.

There are different stages of change in eagerness among smokers and drinkers. According to Millers model,(1999) the different stages are Pre-contemplation (Not currently considering change: Ignorance is bliss) Contemplation (Ambivalent about change), Preparation (Some experience with change and are trying to change) Action (Practicing new behavior) Maintenance (Continued commitment to sustaining new behavior) Relapse (Resumption of old behaviors).

Intervention-When client came to NIMHANS, he was in the contemplation stage as he considered both the existence of a problem and the feasibility and costs of changing the problem. In order to motivate the client to progress further and to determine himself to abstain from smoking ,support was given to him by implementing the brief intervention through the technique of FRAMES (Feedback of personal risk or impairment, personal Responsibility for change, Advice to change, Menu of alternative change options, Empathy and facilitation of client Self-efficacy or optimism.

D. Psycho- Education:

Psycho-education is the specialized education that comprises of educational endeavors directed towards the clients and their families with an aim to help prevent relapse of mental illnesses and restoration of health for mentally ill. Psycho-education helps the mentally ill by improving treatment adherence (Ashutosh Atril and Manoj Sharma 2007).

At the initial session, the client understanding of the illness was elicited. The client thought that medication needs to be changed according to the thoughts & he was not aware of the importance of continuous medications in the treatment of illness. The client was explained about the illness. This includes the nature of the illness, symptoms, causes, treatment, management, prognosis and the need for regular medications and follows up. He was explained about the importance of the exposure & response prevention in the treatment of the OCD.

E. Activity scheduling:

During the stay at the ward, Psychiatric Social Worker planned activity schedule according to the interest of the client. As he had difficulty in interacting with other people when he was symptomatic, making friends was added in the activity schedule. Introducing oneself to the other ward mates and their parents, greeting them, interacting with strangers, attending library, going

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for walk, visiting temple and other daily living activities were included as part of his daily activities

The progress on the activity schedule was evaluated everyday and client received positive reinforcement in the form of appreciation when he performed the tasks. If he was not able to do any of the tasks, he was motivated and assisted to overcome his difficulty and asked to perform the next day. He was encouraged to follow it and mark whenever he completed the activity (Bellack et al., 1985).

F. Teaching coping strategies:

Rationale basis for intervention- Problem solving technique changes the areas of the person's life that are creating significant stress, and contributing to the depression and suicidal ideas. Problem solving therapy involves several key stages: (i) decide which problems to be tackled first, (ii) Agree goals, (iii) work out steps necessary to achieve goals, (iv) decide tasks necessary to tackle first step, (v) review progress at next therapy session, including difficulties that have been encountered and (vi) decide next step, depending on the progress and agree subsequent tasks, (vii) proceed as above to agreed goals, or redefine problems and goals, (viii) work on further problems (Keith Hawton and Joan Kirk 1989).

Intervention -In the analysis it was found that the ways of handling problems in life for the client was to resort to smoking and there were family adjustment problems. In order to overcome the maladaptive ways of handling problems, the client was exposed to the problem solving technique to enable him to handle his day to day problems as well as to enhance his coping mechanisms. Client was encouraged to learn the better ways of coping stressors. Both the client and therapists sorted out ways to enhance the client's coping and problem solving technique by following the above mentioned step. In between the sessions, ways of solving his family related issues were discussed:

G. Group therapy:

Rationale basis for intervention- Recent studies have shown that group therapy educates clients about treatment compliance, the number of relapses can be reduced by 15% by decreasing the stigma associated with mental disorder (Rothbaum & Astin, 2000). Client's who have combined group treatment and medication can have a less severe course of disease than client's who receive medication alone in terms of poor family interactions, marital failures and the need for readmission to hospital (Rothbaum & Astin, 2000).

Intervention- Client was exposed to group session with other inmates to have better understanding about the problem as well as to enhance the motivational level of the client (Heap, 1977). It was seen in the group session the client showed keen interest in analyzing and working with his problems. Client in the group was psycho-educated about the problem as well as to be aware of the techniques of maintaining abstinence, preventing relapse and drug adherence. This

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interaction with other clients helped him a lot in understanding his problems and what are the ways out.

H. Rehabilitation:

Rationale basis for intervention- Skill training, drug therapy, and community support strategies are the three primary intervention techniques used by practitioners attempting to rehabilitate severely psychiatrically disabled clients.

Intervention- The therapist made a couple of attempts to contact family members of the client, but nothing could work out so far. As his father has thrown him out of the family, he is now homeless. Hence, for better functioning of the client, rehabilitation was incorporated in the intervention to enhance the socio-occupational functioning of the client. In order to cope up with family problems and other adjustment problems, client needed short term shelter. So the therapist contacted rehabilitation centre in the Bangalore. After discharge the client was placed in Shre Shiradi Sai Baba old age home and rehabilitation centre in Bangalore. After placement, he is now maintaining very well. He is involved in activities like helping other clients, going to market and reading books.

10. OUTCOME:

As a result of psychiatric social work intervention, the client got insight into the illness and treatment methods. He has understood the importance of the long term medication & regular follow up. He was able to carry out the day today activities with less OCD symptoms. His motivation level to quit smoking was enhanced. His coping abilities were also enhanced. A supportive environment was provided to the client and he could be placed in rehabilitation centre. He felt more confident of rejoining his family in future.

11. FUTURE PLAN

Psychiatric social worker set few future plans as client had inadequate family and social support. They are; ensuring regular follow up of the client to NIMHANS and drug adherence, working on continuous emotional and material support to the client and addressing his family issues if his family members come forward.

12. LIMITATION:

- ❖ The present case study did not have adequate information as the client's family members did not come to hospital or respond to the therapist's attempts.
- ❖ Family issues could not be dealt with because the client's father and relatives did not come for sessions in spite of repeated calls made and letters sent by the therapist.

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- ❖ Psychiatric social work intervention would not be difficult as most of the clients will have family support in our society. Since client family dint available for entire treatments process this case study cannot be generalized to all other clients in the country.

CONCLUSION

The Psychiatric social work Intervention is effective and beneficial in dealing with clients with mental illness. It also prevents other family members from mental illness.

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Effectiveness of Neurofeedback Associated with Cognitive Rehabilitation Therapy on Children with Attention Defect Hyperactivity Disorder (ADHD)

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ABSTRACT:

Objectives: Neurofeedback is known as a modern therapy for hyperactive children, nevertheless it is not a complete therapy for these patients. The goal of this therapy is to create a complete therapy for ADHD children, so neurofeedback is used with cognitive rehabilitation therapy to make more integrated therapy.

Method: this is an experimental study. 30 subjects were selected through random selection from women who referred to 5 clinics of Tehran city, and they were placed into 2 experimental groups and 1 control group. Groups are matched in age, sexuality and economic situation. One group just received neurofeedback into 10 sessions, another group received neurofeedback plus cognitive rehabilitation therapy at the same during, and control group received no therapy or they leaved the therapy at the first steps. Integrated visual and auditory test (IVA) was used as pretest and posttest, to measure two factors (attention and impulsivity) in ADHD children. Cognitive rehabilitation therapy protocol is based on work of Nejati (1391). Data evaluated by dependent T test and analysis of covariance.

Results: according to findings, there is meaningful difference between all groups in attention and impulsivity factors. The group who received neurofeedback plus cognitive rehabilitation therapy showed more improvement in attention and impulsivity factors. Also there was a meaningful difference between neurofeedback group and control group in attention factor.

Conclusion: neurofeedback is supposed as a facilitator therapy to improve attention factor in ADHD children, but not as a complete therapy, especially about performance factors. Also, it is better to use a complementary therapy such as cognitive rehabilitation therapy that focuses more on performance factors. It leads to more positive effects on impulsivity or even hyperactivity.

Keywords: *Neurofeedback, ADHD, rehabilitation, cognitive training, IVA test.*

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Attention deficit and Hyperactivity disorder (ADHD) is a pervasive developmental disorder which attention deficit, hyperactivity and impulsivity are as the main symptoms and often includes executive function disorder, too (1-2). Clearly, this disorder can lead to many difficulties in child development process including poor academic performance, high physical and verbal aggression (3). There are different neuropsychological models in order to explain defects in self-regulation underlying these symptoms, for example deficits in the dealing out of neuropsychological resources (4), maladjustment of interacting neuronal networks (5), and reward deficiency syndrome (6). Because ADHD has serious developmental implications in the short and long term that encompass problems in different aspect of life including social, academic and quality of life (7) treatment should begin early, in childhood (9).

Though, general treatment such as medication or behavior therapy is considered strong and suitable treatments for ADHD children, but they still encounter fundamental limitations. Medication, as primary treatment of ADHD (8), often improves symptoms; however, it is far away from normal level and permanent, long-term medication therapy is effective about 13.2% to 64% (10,18). Once, medication therapy stopped the symptoms usually recurrent. In addition, stimulating drugs have no impact on 20-30% of children or side effects including insomnia, decreased appetite (11,12) and or preventing child development will occur followed by stopping medication therapy (13). Hence, parents do not prefer medication therapy.

Some treatments with experimental evidences in ADHD treatment include parents training and behavioral interventions in school (14-15). Other interventions are promising in treatment such as academic interventions, summer treatment plan for these types of children (16) and programs that combined parents training and training social skills. However, mental treatments are not as much effective as medication therapy since it is not possible to generalize them to all contexts (17).

Learning ADHD symptoms even in classrooms, with common limitation of current treatments, provide the importance of alternative treatment options to apply at schools such as computer based attention training (CompAt). CompAt, based on brain flexibility and conditional agent theories, is designed to improve core and critical skills that commonly have defects in ADHD children. Two main types of it are Neurofeedback (NF) and Cognitive training (CT) (18).

Neurofeedback and such treatments had promising results and also with less side effects (21). Obtained findings of EEG in ADHD children showed increased Theta waves activity as well as increasing Theta ratio to Beta in the frontal cortex. So, neurofeedback is mostly applied in training how to increase Beta waves (a situation requiring attention) and decrease Theta (θ) waves to people. Neurofeedback, with these specific brain waves patterns, provides an immediate feedback of how people concentrate.

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Any change in brain waves patterns on computer screen is illustrated through characters and figures moving with auditory feedback. Individuals, by practicing, learn to change their brain waves in achieving a target and enhancing attention (19). Indeed, they learn to control underlying processes of these brain waves and to improve cognitive, emotional and behavioral self-regulatory (20).

Previous studies demonstrated the effect of neurofeedback treatment on children with ADHD (21). Meisel et al (2013) in a research studied the effect of neurofeedback and medication therapy on ADHD children. They investigated the results based on parents and teachers reports. Both groups presented satisfactory results, in 6 months follow-up, in improving ADHD symptoms. However, the group received neurofeedback treatment showed more fundamental improvement in academic performance. This research is considered as the first controlled study in the next six month follow-up on ADHD with non- pharmacologic treatment and again proving the impact of neurofeedback.

Cognitive training applies frequent computer feedbacks to enhance correct responses beside training attention, working memory and reducing impulsiveness. Studies showed that cognitive interventions and effective training will improve working memory; further, it reduces the amount of disorder symptoms reported by parents and teachers (22). Practicing working memory also contains improvement in various areas including improving mathematic problem solving and or reading comprehension (23).

Gevensleben et al (2009) used neurofeedback along with cognitive training and found out that teachers and parents reported more improvements. But since the sample heterogeneity, it was not generalizable to larger population (24). In another study, Steiner et al (2014) compared neurofeedback method with cognitive training. In this study, children in neurofeedback group offered better results as compared to cognitive training and control group. The results in this study were also investigated in terms of teachers and parents reports. None of previous studies combined neurofeedback and cognitive rehabilitation and investigated the integrated impact of these two issues (2).

Studies showed that executive parts of working memory are one of the damaged functions in these people (25). There are two points of views. Barkley (2006) believed that failure in response inhibition is the main cause of this disorder which may lead to damaging working memory and other executive functions (26). In contrast, Rapport et al believed that this disorder is caused by early failure in working memory leading to executive functions' defects (25).

As it is presented, both approaches, in spite of different insights, represent working memory defects in this disorder. Working memory is a set of cognitive processes to maintain and manipulate different information of daily routines. Some of these daily routines are rehearsal,

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retrieval, manipulation and controlled attention (27). Hence, applying an approach that improves working memory can lead to improving the symptoms of attention deficit and hyperactivity, too. Cognitive rehabilitation is one program which can be regarded as one of the ways of improving working memory.

This program, designed by Nejati (2010), is a software program in order to enhance maintenance, transfer, updating and inhibiting information abilities. Its effectiveness on working memory was provided in research efforts. This program includes a group of organized hierarchical tasks enhancing several aspects of working memory (maintenance, transferring, and updating as well as inhibiting information). The fundamental principle of this program is as follows:

1. Tasks are hierarchically organized and getting more difficult based on user response beyond sessions.
2. Performing tasks correctly will be immediately rewarded; and rewards are gradually offered in longer delays.
3. Tasks were designed based on various functions of working memory including updating, transferring and inhibition.
4. Tasks are fun and presented with motivational stimulators so that enhance patient's motivation.
5. Tasks may be retrieved until the patient got the desired level.
6. Developing the program depends on patient efficacy; and, the therapist is required to improve task level (28).

Therefore, considering the effect of this program on cognitive memory, it is assumed that it can also be effective as an alternative, supplementary treatment in improving attention deficiency disorder. According to above, this study intended to investigate a more complete treatment in improving attention deficiency and hyperactivity that concentrate on working memory executive functions and to achieve more positive results besides neurofeedback which its effect has been proved in previous studies. Thus, neurofeedback effect with and without cognitive rehabilitation was compared. It is assumed that neurofeedback will be effective alone, but integrating it with cognitive rehabilitation and training would lead to better results.

METHODS

This study is an experimental research design with pre- and post- test with control group. So, three experimental groups were randomly selected from those referred to the clinic. First, the participants were 85 children with symptoms of attention deficit and hyperactivity selected based on DSM-V criteria. Of these, 45 individuals were randomly assigned in to three (15 individuals) groups. Subjects of one group just received neurofeedback, the other group received a combination of neurofeedback and cognitive rehabilitation and the last group, as control group, did not receive any treatments. All children were homogenized in all aspects. The age range was within 5 to 7 years old from the same economic level. Moreover, they all had no history of

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ADHD treatment, medication and nonmedication treatment, in order to avoid effecting on the present study results. Initially, the subjects were tested by IVA+plus to measure their impulsion and attentions' basic rate. Next, two experimental groups received ten treatment sessions according to protocol and the determined timing. Finally, a post test IVA+plus was done in order to measure changes during treatments. Cognitive training program or cognitive rehabilitation in the combined group was done one day later followed by neurofeedback.

Tools

IVA+PLUS test: this is a continuous auditory- visual 13-minute test evaluating two main factors i.e. impulsion response control and attention. IVA+PLUS test is formulated relying on statistical and diagnostic manuals of mental disorders DSM-IV which distinguishes different types ADHD including the attention deficit type, hyperactivity type (impulsion), combined type as well as unknown NOS type. Moreover, this test was used to study difficulties and other disorders such as self-inhibitory problems related to head traumas, sleep disorders, anxiety, learning disorders, dementia and other medical problems. This test was applied for children older than 6 and adults. The time required is about 20 minutes. The tasks were responding or not responding to 500 test stimuli. Each stimulus is only provided in 1.5 s. So, the test requires attention. IVA+PLUS test consists of 6 total scales and 22 subscales classified in to 5 groups: response inhibition, attention, attribution, indicator as well as delicate movements. However, this study just considers the scores of two response and attention scales.

RESULTS

One-way between groups covariance analysis was done to compare the effectiveness of two different interventions of participants' response inhibition and attention scales. Intervention type (neurofeedback and neurofeedback with cognitive rehabilitation treatment) was independent variable and dependent variable was consisted of two subscales of IVA+PLUS test. Participants' scores of two response inhibition and attention subscales before intervention were used as covariance in this analysis.

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Table 1: summary of covariance for therapy effects on 2 subscales of IVA+PLUS test (compulsivity and attention) before therapy.

Variable source	ss	df	Ms	f-ratio
Covariance (impulsive scores before therapy)	143.403	1	143.403	0.538**
Main effect of therapy	51.648	2	25.824	8.167**
Residual error	123.322	39	3.162	-
Covariance (attention scores before therapy)	138.496	1	138.496	39.697**
Main effect of therapy	48.174	2	24.087	6.904**
Residual error	136.064	39	3.489	-

Preliminary analyses were done to ensure that normality, linearity; variance homogeneity, regression slope homogeneity and the reliability of covariance hypotheses were not violated.

Table 2: mean and standard deviation scores in attention scale

Group	mean	Standard deviation	Number of subjects
1. neurofeedback & rehabilitation	93.06	1.751	15
2. neurofeedback	75.11	2.892	15
3. control	74.85	14.693	15
Total	81.10	12.539	45

Table 3: mean and standard deviation scores of impulsivity scale, after therapy

Group	mean	Standard deviation	Number of subjects
1. neurofeedback & rehabilitation	93.12	1.463	15
2. neurofeedback	74.21	2.927	15
3. control	74.93	15.763	15
Total	80.97	12.505	45

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Table 4: Weighted Mean of 3 situation of experiments on impulsivity subscale

groups	mean	Standard deviation	confidence level 95%	
			Low limit	Up limit
1. neurofeedback & rehabilitation	91.619	1.410	88.767	94.472
2. neurofeedback	81.859	1.689	78.443	85.275
3. control	69.689	0.486	68.706	70.671

Table 5: Weighted Mean of 3 situation of experiments on impulsivity subscale

groups	mean	Standard deviation	confidence level 95%	
			Low limit	Up limit
1. neurofeedback & rehabilitation	91.606	1.521	88.530	94.682
2. neurofeedback	81.846	1.771	78.264	85.427
3. control	69.668	0.511	68.635	70.700

Followed by correcting pre-intervention scores, there was seen a significant difference among three groups (two under intervention groups and one control group) response inhibition subscale, $f(2, 39) = 8.167$, $p = .001$, Partial Eta Squared 0.29.

Moreover, there was also seen a significant difference among three groups (two under intervention groups and one control group) in attention subscale followed by correcting pre-intervention scores, $f(2,39) = 6.904$, $p = .003$, Partial Eta Squared 0.26. Eta squared statistics in both subscales (0.29 and 0.26) showed a big effect and determined that there is a strong relation between pre- and post-intervention scores in two IVA+PLUS test subscales (response inhibition and attention). In addition, as data shown in Tables 6 and 7, the group received neurofeedback with cognitive rehabilitation represented more improvement as compared to the other group in two attention and impulsion factors.

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Table 6: multiple Comparison of interacting between variables (3 groups) on attention subscale

I group	J group	Compare means (I-J) groups	Standard deviation	Significant level	confidence level 95%	
					Low limit	up limit
1	2	9.760*	2.334	.000	5.039	14.481
	3	21.938*	1.604	.000	18.693	25.183
2	1	-9.760*	2.334	.000	-14.481	-5.039
	3	12.178*	1.843	.000	8.451	15.906
3	1	-21.938*	1.604	.000	-25.183	-18.693
	2	-12.178*	1.843	.000	-15.906	-8.451

Groups: 1. Neurofeedback & rehabilitation 2. Neurofeedback 3. Control

Table 7: multiple Comparison of interacting between variables (3 groups) on impulsivity subscale

I group	J group	Compare means (I-J) groups	Standard deviation	Significant level	confidence level 95%	
					Low limit	up limit
1	2	11.753*	2.334	.000	5.039	14.481
	3	23.947*	1.604	.000	17.693	25.183
2	1	-8.662*	2.334	.000	-13.481	-5.039
	3	11.178*	1.843	.000	7.451	14.906
3	1	-22.838*	1.604	.000	-25.183	-17.693
	2	-11.185*	1.843	.000	-15.906	-7.451

Groups: 1. Neurofeedback & rehabilitation 2. Neurofeedback 3. Control

DISCUSSION

The goal of this research was creating a more enriched and integrated protocol to successfully treat attention deficit and hyperactivity disorder. Based on obtained results, only neuro feedback group and neuro feedback integrated with cognitive training showed better results in comparison to control group. This result indicated the neuro feedback impact on treating children with ADHD disorder. This finding is relevant with previous studies such as Gonzeleberge et al (2009), Ahmadlou, Rostami and Sadeghi (2012) and Marizzio et al (2013) (24, 29, 30). The purpose of neurofeedback is changing brain waves with cortex self-regulatory where people learn how to focus on an issue; in addition, it is concentrated on generalizing this status into other situations outside treatment environment. That is why it can be said that children showed better results in attention factor. The combined group of neurofeedback and cognitive

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rehabilitation provided better results compared to the two other groups. In preceding researches, applying the cognitive training method, it was not so much practical; hence, only some executive, executive areas of brain were enabled (2). This research used cognitive rehabilitation program. As it was stated, this method focuses on working memory and executive processes subsets. Thus, improving this part of memory is the cause of this effect. As mentioned, in theta/Beta treatment with neurofeedback, children learn to decrease theta activity (4-8 HZ), and increase Beta activity. Then, this theta/beta activity indicates a neurophysiological defect. Regardless of this supposed defect, neurofeedback consider as a method to improve cognition and attention (22). While neurofeedback influences on brain waves and enhances concentration, cognitive rehabilitation works on cognitive processes involving in keeping attention on information and improves controlling. In fact, one of the difficulties of the children with this disorder is disability in concentrating on an issue, or, in other word, distraction. So, that is why response control and inhibition is too difficult in these children; then, impulsion symptoms are manifested. It may be said that rehabilitation influences on impulsion symptoms; therefore, children showed better results in response inhibition. Goals of ADHD interventions are complicated, and this is a challenge to detection of their impact on symptoms. For example, one treatment can be useful for one symptom that leads to improve quality of daily life, but we do not have any questionnaire to measure it (2). In this study, there was short interval between treatment sessions, while for some children, it is better to consider more sessions with long interval between sessions. It will lead to stability and more self-regulation and they can transfer them to the daily life easily. It is like the methods that are common in conventional cognitive behavior therapy (15). It is suggested to consider this for future studies.

LIMITATIONS

The goals of ADHD interventions are complicated and knowing which change is required to improve performance is also a big challenge. For instance, an intervention may improve one of the symptoms that may lead to a child function. Sometimes, not achieving to a certain result can be due to instrumentation. Therefore, may be the method used in this research is only effective in two attention and impulsion areas of the response inhibition. So, it is better to apply other measurement tools, too; in addition to using parents or teachers check list reports to analyze the results. Another issue is the number of samples. In this study, the number of each group were finally reduced to ten people as some limitations such as path (ten sessions commuting was difficult for families) which made difficult generalizing findings to larger samples. On the other hand, controlling children's environmental and family events was impossible during intervention. Therefore, regarding that this study used these two methods in attention deficit and hyperactivity, for the first time; it is required to do more studies with larger samples, expanded tools according to family context.

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CONCLUSION

Both experimental groups showed improvement in attention and response inhibition factors as compared to experimental group. The group that only received neuro feedback represented better results in IVA test by improving and increasing Beta waves. In contrast, the groups received cognitive rehabilitation beside neuro feedback, along with improving waves with working memory enhancement, also attained better scores in IVA, particularly in response inhibition factor. This study demonstrated that the effect of neuro feedback on children with ADHD can be increased by using a supplementary treatment like cognitive rehabilitation and to apply alternative and more complete mental treatments regarding drug therapy risks. This study, again, approved the role of training-based computer treatments.

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Gender and Mental Health

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ABSTRACT:

It has been consistently observed and found in research that there are marked gender differences in the prevalence of many mental disorders. The paper will examine the most common mental health issues and their differential prevalence among men and women. The paper will also throw light on the various psychological models of gender development which might help in understanding the possible reasons of differential rate of different disorders among women and men. The paper will focus more on the psychosocial origin of gender differences in various mental health issues. It has implications to bring changes in socialization patterns, parenting practices, coping styles, reinforcement contingencies, shedding negative stereotypes to decrease the prevalence of some gender specific disorders.

Keywords: *Gender, mental health*

This paper first defines the concepts like gender, sex and mental health to have more clarity of these variables. Having defined the concepts, the paper will describe the theories of gender development and then the gender differences in the mental disorders/mental issues will be highlighted.

WHO defines mental health as a *state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*

Mental health is determined by host of biological, psychological and social factors. It is related to behavior and mental health can be enhanced by effective public health interventions.

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Sex refers to the biological categories of male and female, categories distinguished by genes, chromosomes, and hormones. Culture has no influence on one's sex. Sex is a relatively stable category that is not easily changed, although recent technology has allowed people to change their biological sex. Gender, by contrast, is a much more fluid category of male and female. These categories are distinguished from one another by a set of psychological features and role attributes that society has assigned to the biological category of sex.

Unger (1990) defines gender as “the cognitive and perceptual mechanisms by which biological differentiation is translated into social differentiation”. A feature of the male sex category includes the Y chromosome; regardless of whether a male wears a baseball cap or barrettes, is competitive or empathetic, he is of the male sex because he possesses the Y chromosome. Personality and appearance are related to the gender category.

The first period focused on the differences between men and women and was marked by the publication of a book by Ellis (1894) titled *Man and Woman* which called for a scientific approach to the study of the similarities and differences between men and women.

In the past two decades, research on sex and gender has proliferated. There have been two recent trends. The first has been to view gender as a multifaceted or multidimensional construct, meaning that the two dimensional view of masculinity and femininity is not sufficient to capture. The development of the unmitigated agency and unmitigated communion scales was a first step in this direction. The second research direction has been to emphasize the social context in which gender occurs. The research on gender diagnosticity addresses this issue. Emphasis on the social context led to research on gender- role constraints, the difficulties people face due to the limits a society places on gender- role appropriate behavior.

Biological theories of sex differences identify genes and hormones, as well as the structure and function of the brain, as the causes of observed differences in physical appearance, cognition, behavior, and even gender roles.

Psychological Theories of Gender Development

It is important to understand the various psychological theories of gender development. These theories help us understand the origin of possible gender differences. The implication of these theories lies in knowing the differential rate of various psychiatric conditions in men and women.

Social Learning theory

According to social learning theory, learning is produced by observation rather than by directly experiencing reinforcement or punishment (Mischel. 1993). Observation provides many opportunities for learning, including the learning of gender-related behaviors among children. The social environment provides children with examples of male and female models who

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perform different behaviors, including gender-related ones. The models who influence children include mothers and fathers, but also many others, both real people and media images of boys, girls, men, women, and cartoon characters. In observing these many male and female models, children have abundant opportunities to learn. However, not all models have the same influence for all children, and not all behaviors are equally likely to be imitated.

The differential influence of models relates to their power or prestige as well as to the observer's attention and perception of the similarity between model and observer. Children tend to be more influenced by powerful models than by models with less power (Bussey & Bandura, 1984), but children are also more influenced by models who are similar to them. This similarity extends to gender, with children more likely to imitate same-sex models than other-sex models. Another important factor in performing a learned behavior is observing the consequences of that behavior. If people observe a behavior being rewarded, then they are more likely to perform that behavior than if they see the same behavior punished or unrewarded. Social learning theorists believe that reinforcement and punishment are not essential for learning, which occurs through observation. Instead, reinforcement and punishment are more important to performance, affecting the likelihood that a learned behavior will be performed in circumstances similar to those observed.

Children develop in an atmosphere in which they are exposed to models of gender-stereotypic behaviors "in the home, in schools, on playgrounds, in readers and storybooks, and in representations of society on the television screens of every household" (Bandura, 1986). These presentations do two things. First, all children are exposed to both female and male models, so all children learn the gender-related behaviors associated with both genders. Second, children learn which behaviors are gender-appropriate for them. Children learn that certain behaviors are rewarded for girls but not for boys; for other behaviors, the rewards come to boys and not to girls.

Children experience many sources of modeling and reinforcement, and these sources influence the development of gender-related behaviors (Beal, 1994). When their children are infants, parents interact differently with their sons and daughters. For example, children accept and show equal enthusiasm for toys typically considered girls' and boys' toys (Idle, Wood, & Desmarais, 1993), but parents use some gender-typical preferences in selecting activities and toys for their children. Studies that observe parental interactions with children have confirmed gender differences in treatment.

Social learning theory hypothesizes that these forces affect gender-related thinking, and children come to develop gender knowledge and gender standards for their own behavior. In children age 2 to 4 years, behavior typical of the same sex was more common than behavior typical of the other sex for all ages of children (Bussey & Bandura, 1984). The younger children in the study reacted to their peers in gender-stereotypical ways but did not regulate their own behavior by these same standards, whereas the older children did both. These results indicate that these 4-

year-olds had begun to develop a coherent set of cognitive strategies for controlling their gender-related behaviors.

Sandra Bem (1985) criticized social learning theory, arguing that the theory portrays children as too passive. Bem pointed out that children's behavior shows signs of more active involvement than social learning theory hypothesize. Children do not exhibit a gradual increase in gender-related behaviors, but rather seem to form cognitive categories for gender and then acquire gender-related knowledge around these categories. In addition, research evidence suggests that children may develop stronger gender stereotypes than their parents convey, which implies that children actively organize information about gender. Other social theories of gender development place a stronger emphasis on cognitive organization than does social learning theory.

Cognitive Developmental Theory

The cognitive developmental theory was propounded by Piaget. He was inspired by the work of Lawrence Kohlberg (1966) on moral development of children. He attempted to understand children's moral development through children's cognitions. Cognitive developmental theory views the acquisition of gender-related behaviors as part of children's general cognitive development. This development occurs as children mature and interact with the world, forming an increasingly complex and accurate understanding of their bodies and the world.

Cognitive developmental theorists see the development of gender-related behaviors as part of the task of cognitive development. Very young children, lacking a concept of self, can have no concept of their gender. Most 2½-year-olds are unable to consistently apply the words *boy* or *girl* to self or others; thus they fail at gender labeling. Kohlberg (1966) hypothesized that children acquire some preliminary category information about gender during early childhood, but gender constancy, the belief that their genders will remain the same throughout life, is a cognitively more complex concept that may not appear until between ages 4 and 7 years.

Cognitive developmental theory views the acquisition of gender-related behaviors as a by-product of the cognitive development of gender identity. Children begin to adopt and exhibit gender-related behaviors because they adopt a gender identity and strive to be consistent with this identity. On the other hand, social learning theory hypothesizes that children come to have a gender identity because they model gender-related behaviors. Through the performance of these behaviors, children conform to either the masculine or feminine social roles of their culture. In summary, social learning theory sees gender identity as coming from performance of gender-related behaviors, whereas cognitive developmental theory sees gender-related behaviors as coming from the cognitive adoption of a gender identity.

Gender schema theory

Gender schema theory is an extension of the cognitive developmental theory. A schema is "a cognitive structure, a network of associations that organizes and guides an individual's

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perceptions" Piaget used the term *schema* (plural, *schemata* or *schemas* to describe how cognitions are internalized around various topics; gender schema theory hypothesizes that children develop gender-related behaviors because they develop schemata that guide them to adopt such behaviors. In this view, gender-related behaviors appear not only as a result of general cognitive development, but also because children develop special schemata related to gender.

According to gender schema theory, the culture also plays a role in gender development, providing the reference for the formation of gender schemata. Not only are children ready to encode and organize information about gender, but they do so in a social environment that defines maleness and femaleness (Bem, 1985). As children develop, they acquire schemata that guide their cognitions related to gender. These schemata influence information processing and problem solving in memory and also regulate behavior (Martin & Halverson, 1981). Gender schema theorists posit that children use these schemata to develop a concept of self versus others, and each child's gender schema is included in that child's self-schema, or self-concept. In addition, gender schemata can provide a guide for concepts of personal masculinity and femininity; including personal judgments about how people personally fit, or fail to fit, these schemata. Thus, gender schema theory provides an explanation for the concepts of masculinity and femininity and how people apply these concepts to themselves.

Bem (1985) emphasized the process rather than the content of gender schemata. The information in (he schemata is not as important as the process of forming schemata and acting in ways that are consistent with them. Gender schema theory predicts that that cognitive changes that accompany schema formation lead to the ways that children process gender-related information, which changes the ways in which they behave.

In summary, gender schema theory extends the cognitive developmental theory by hypothesizing the existence of gender schemata, cognitive structures that internally represent gender-related information and guide perception and behavior. Children internalize their schemata for masculinity or femininity to form a self-concept, or self-schema, for gender-related behaviors. Research has indicated that gender schemata can affect the processing of gender-related information and can lead to gender stereotyping. Parents can attempt to circumvent gender-related messages by concentrating on the biological rather than the social correlates of gender, but all children come to understand their culture's messages about gender.

Gender Script Theory

Gender script theory is an extension of gender schema theory, proposing that the social knowledge that children acquire concerning gender is organized in sequential form. Schemata are representations of knowledge, whereas scripts depict an organized sequence of events.

Applied to gender role acquisition, gender scripts are "temporally organized event sequences. But in addition, gender scripts possess a gender role stereotype component which defines which sex stereotypically performs a given sequence of events" (Levy & Fivush, 1993). For scripts

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such as eating lunch, the gender of the actor is not important, but the script for cooking lunch is likely to be gender specific.

Therefore, the sequencing component of gender script theory seems to broaden the concept of gender schemata. The research on gender script theory is less complete than the other theories of gender role development, but this theory is a promising addition to the other social theories of gender development.

Gender and Depression

Although gender differences exist in the diagnosis of depression, perhaps no differences occur in the frequency of negative mood (Nolen-Hoeksema, 1987; Tavis, 1992). That is, women and men experience the negative feelings that underlie depression at similar rates, but they express their feelings differently. Women tend to turn their negative feelings inward, whereas men tend to take action. In men, the feelings produce symptoms such as substance abuse, risk taking and violence.

Several explanations exist for this gender difference, including factors that make women vulnerable to depression, such as family role differences, personal control differences, and cognitive differences in coping with negative events. Another view holds that the gender differences in depression are a product of the ways in which women and men deal with distress. Women become passive, expressing symptoms of depression, and men become active, expressing symptoms of risk taking, violence, drug use, or some combination of these three behaviors. Other psychological models which explains why women have more depression than men are:

Rumination and depression

Research on the possible psychological explanation of sex differences in depression has focused on two specific kinds of coping strategies : rumination and distraction. Susan Nolen Hoeksema (1987) posits that women are more depressed than men because women ruminate about their feelings after negative events and men distract themselves. She argues that rumination increases depression in three ways. First, rumination interferes with instrumental behavior which might reduce depression. For example, if a student fails in an exam and keeps dwelling about it, it will distract him/her for future exam and increase stress and may ultimately lead to another failure experience and further depression. Second, ruminations about negative feelings makes other negative feelings and negative feelings more salient which will reinforce depression. Finally, ruminations lead people to make pessimistic explanation for negative events which will increase the chance of another episode of depression. In a number of studies, Nolen Hoeksema has shown that women are more likely than men to respond to depression by talking about and trying to figure out their negative feelings i.e. by ruminations. Men, however, try to respond to negative events by involving in sports and other activities. There is a vicious cycle of depression and

rumination. Women are more encouraged than men to ruminate and try to figure out the reason of their depression.

Private self-consciousness and depression

Private self-consciousness refers to attending to our inner feelings and thoughts. It has been found that private self-self consciousness is associated with depression. Some of the work in this area has shown that girls tend to focus more on their feelings and thoughts which explains why women have more depression than men (Sethi & Nolen Hoeksema, 1997).

Stereotypes and depression

Several theorists suggest that a gender stereotype contributes to sex differences in the expression of emotions like fear and sadness (Brody & Hall, 1993; Fischer, 1993b). The essence of the prevailing stereotypes is that women are more expressive than men of their stressful and sad feelings. This stereotype may give rise to two distinct effects. First the stereotype may function as a cognitive structure that leads to perceivers to focus on stereotype-consistent information. Thus, perceivers may be more likely to notice women's expression of fear and sadness, while similar expression by men may go unnoticed. Secondly, stereotypes provide the basis for socializing girls and boys about appropriate emotional behavior and thus early differences in reinforcement histories may lead to later differences in the sex-linked expression of emotions such as fear and sadness. Girls are socialized to express their emotions whereas boys are not (Brody & Hall, 1993)

Stigmatization of women

Lutz (1990) argues that the emotional double-standard associated with the stereotypes serves a function of preserving the social hierarchy. According to the emotional double standard theory (Shields, 1987), women who express either fear or sadness are more likely than men to elicit an immediate positive response presumably because the expression of these emotions is consistent with the female stereotype. At the same time, women's emotional expressions may produce less immediate, more subtle and quite negative consequences. According to Lutz, women's emotional expressions help to preserve a social hierarchy in which they are viewed as irrational, chaotic uncontrollable and therefore dangerous. In contrast, men are more associated with valued processes such as rational and controlled thought. According to Lutz's model, the belief that women are more emotional serves a larger social function of legitimizing women's subordinate rank in the power hierarchy. Expressions of fear and sadness connote weakness, lack of control and helplessness. As a result of emotional double standard, women who express fear and sadness may reap rewards in their immediate situation, but they may be stigmatized in the long run which in turn might increase the chance of depression in them.

Self-silencing model

Self-silencing model was propounded by Jack in 1991. The model posits that some women suppress their thoughts and opinions due to the perception that self-expression would lead to the loss of their intimate partner and relationship. Thus, self-silencing serves to maintain the relationship; however, this constant suppression of one's beliefs and opinions from the intimate partner theoretically results in depression, low self-esteem, and the loss of voice (Jack, 1991). Jack explicitly identifies self-silencing as a 'specific, cognitive schema, derived from the culture,' and not as a personality trait. As such, the theory is based primarily on the phenomenological experience and social construction of reality within intimate relationships rather than a personality model of stable universal attributes.

Gender and substance-related disorders

Substance-related disorders involve the use of psychoactive substances, drugs that affect thoughts, emotions, and behavior. Examples include alcohol, amphetamines, marijuana (cannabis), cocaine, hallucinogens, opiates, sedatives, and hypnotics. In order to be diagnosed as having one of the types of substance-related disorders, the person must not only use the drug, but also must exhibit a strong desire to use the substance and experience problems in social or occupational functioning due to drug use.

Alcohol is the most frequently used and abused substance, and men drink more than women in all categories of drinking (USDHHS, 2000). That is, more men than women fall into the categories of light, moderate, and heavy drinking. Drinking and drunkenness are associated with the male, and not the female, gender role (Capraro, 2000). Sukhwai and Suman (2008) found in their study on the prevalence of alcohol use in college students in Bangalore City that out of 236 students 48.30% boys and 33.30% girls had initiated alcohol use. Kirmani (2008) also found in their study in Bangalore City that of the total sample studied (432), 190 students who reported having used alcohol, 150 (79%) were boys and 40 (21%) were girls. People expect men to drink beer and to get drunk, but the same expectation does not apply to women. Indeed, women are not expected to drink beer (but are expected to drink wine) and should not get drunk (Landrine, Bardwell, & Dean, 1988).

A variety of evidence suggests that drinking is related to depression, both in men and in women. Alcohol consumption shows a relationship to depression and mood (Berger & Adesso, 1991). Among depressed and nondepressed men and women who were not problem drinkers, men expected more positive effects from drinking, and drank more, than women did. The depressed men consumed more alcohol than any other group, and drinking decreased these men's perception of depression. This study demonstrated the relationship between negative mood and drinking, especially for men. Perhaps these men are at risk for developing problem drinking, but their strategy of drinking to manage depression showed some signs of being effective.

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Research has confirmed the relationship between depression and problem drinking. Among men and women in treatment for their drinking problems, those problem drinkers with a history of depression reported that they drank to relieve their depressive symptoms (Hesselbrock, Hesselbrock, & Workman-Daniels, 1986). Another study tested the relationship between depression and problem alcohol use over a 3-year time span (Horowitz & White, 1991). A significant relationship existed between depression at age 21 years and alcohol problems at age 24 for men, but no such relationship appeared for women. Thus, men who use the strategy of drinking to manage negative emotions are at increased risk for problem drinking.

Illegal drug use is also higher among men than women, with men more likely than women to use and abuse drugs such as heroin, amphetamines, cocaine, and marijuana—a pattern that parallels their alcohol use (USDHHS, 2000). On the other hand, women are more likely to use prescription tranquilizers and sedatives. That is, women are more likely to describe symptoms to physicians that lead to their diagnoses of having mental disorders treatable by drugs. The higher rate of prescription drug use by women and the greater use of illegal drugs by men result in similar rates but different patterns of substance use.

In summary, the research indicates that a relationship exists between depression and drinking; depressed people drink more than the nondepressed and even attribute their drinking to depression. The tendency to drink more heavily when depressed is stronger among men but not exclusive to them. Perhaps men choose this strategy for dealing with negative feelings more often than women do, so this difference in dealing with negative feelings may account for some of the gender differences in depression and substance-abuse disorders. The overall pattern of drug use for men and women probably differs little, but women tend to use legal prescription drugs, whereas men's drug use is more likely to come in the form of alcohol and illegal drugs.

Gender and anxiety disorders

The group of disorders labeled anxiety disorders includes panic attack, phobias, obsessive-compulsive disorder, and posttraumatic stress disorder, all involving features of anxiety and avoidance of problem situations. A survey of over 18,000 people indicated that anxiety disorders affect more than 7% of adults in the United States (Regier, Narrow, & Rae, 1990). No gender differences exist for some types of anxiety disorders, but other types appear much more often in women than in men.

Panic attack is characterized by periods of intense fear that occur without any fear-provoking situation. These attacks are typically accompanied by physical symptoms of distress, such as sweating, dizziness, and shortness of breath. This disorder is about equally common in women and men, but panic disorder with agoraphobia is about twice as common in women. "The essential feature of agoraphobia is anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having a panic attack or panic-like symptoms.

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Agoraphobia can also occur without panic disorder, and women are also more likely to have this disorder (American Psychiatric Association, 1994; Cameron & Hill, 1989). Other phobias, unreasonable fears concerning some object or situation, constitute a second category of anxiety disorder. *Social phobias* appear as persistent fears of certain social situations, such as speaking in public, in which the person is judged by others or in which the person may do something embarrassing. The American Psychiatric Association (1994) stated that women in the general population are more likely to have social phobias, but in clinical populations, the gender ratio is either closer to equal, or men predominate. *Specific phobias*, fears of some object or situation other than anticipating a panic attack or being in a certain some social situation, are more common among women.

Obsessive-compulsive disorder is the combination of obsession, which refers to recurrent, intrusive thoughts about something the person would prefer to ignore, and compulsion, which refers to repetitive behaviors intended to prevent anxiety.

Posttraumatic stress disorder (PTSD) was originally applied to men who suffered lasting effects from their war experiences. Now the diagnosis is given to people experiencing the prolonged aftereffects of many different types of trauma, including natural disasters, accidents, and violent crime as well as military combat. It has been seen clinically and in epidemiological studies that women are more vulnerable than men to PTSD.

Research has shown a consistent pattern of the higher prevalence for agoraphobia (with and without panic disorder) and for specific phobias among women. The findings are not so clear for social phobia and obsessive-compulsive disorder. Overall, more women than men receive the diagnosis of some type of anxiety disorder, indicating that agoraphobia and specific phobias are sufficiently common to cause women to dominate this diagnosis.

Women with anxiety disorders experience more severe symptoms than men with anxiety disorders do, and in one study (Scheibe & Albus, 1992) stress within marriage was the most frequent event that preceded the development of the disorder. Anxiety and fear are more characteristic of the feminine stereotype than of the stereotypical male role. The match between gender role traits and mental disorders that appears in personality disorders (Landrine, 1989) may also apply to anxiety disorders and may constitute an explanation for the higher overall rate of anxiety disorders among women.

Gender and Schizophrenia

Several important classifications of mental disorders show few or no gender differences in prevalence, but men and women with these disorders may not exhibit identical symptoms or the same time course of the disorder. For example, schizophrenia—a serious and complex disorder involving thought disturbances, problems in personal relationships, and possibly hallucinations—has been diagnosed equally in women and men.

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Other research (Lewis, 1992) showed similar patterns, but male schizophrenics tended to have poorer functioning before the onset of their disorders and were more likely than female schizophrenics to be involved in substance abuse. In addition, women were more likely to respond favorably to treatment. Despite these differences, male and female schizophrenics exhibited more similarities than differences.

Bipolar disorder is one of the mood disorders, along with major depression and dys-thymia. Bipolar disorder is characterized by periods of mania, high activity, and elevated mood alternating with periods of depression. These drastically different mood states change in a cyclic fashion such that the affected person experiences both mania and depression over a period of weeks or months, interspersed with periods of normal moods. Unlike the other two mood disorders, bipolar disorder shows no gender differences in prevalence (American Psychiatric Association, 1984).

The *somatoform disorders* show some gender differences. This classification of disorders includes problems with physical symptoms of disease, but no physical basis for those symptoms. As a group, women are more likely to receive the diagnosis of somatoform disorder, but some of the disorders within this classification show no gender differences. *Conversion disorder*, the loss of physical function without any physical basis for the disability, was originally called *hysteria*. In the late 1800s, this disorder was so strongly associated with women that the extension of the label to men was controversial. The *DSM-IV* (American Psychiatric Association, 1994) stated that this disorder occurs rarely in men, and another study (Tomasson, Kent, & Coryeli, 1991) found that the diagnosis of conversion disorder was three times more common in women than in men.

Another of the somatoform disorders is *somatization disorder*, the recurrence of physical complaints and the seeking of medical attention without receiving any diagnosis of a physical problem. These complaints are often dramatic or exaggerated, and the affected person seeks care from many medical professionals. Women account for 95% of somatization disorder patients (Tomasson et al., 1991).

Gender and sexual disorders

A Sexual disorders consist of two groups of disorders, *paraphilias* and *sexual dysfunctions*. Paraphilias are characterized by intense sexual feelings in response to objects or situations, such as nonhuman objects, children, non consenting persons, or even the suffering of self or others. The nonhuman objects include animals or items of clothing, and the situations include exposing one's genitals to strangers, fondling strangers in public places, observing sexual activities, or dressing in gender-inappropriate clothing. Sexual masochism—experiencing pleasure from receiving pain or humiliation—and sexual sadism—experiencing pleasure from inflicting pain or humiliation on one's sexual partner—are also among the paraphilias. About 20% of sexual

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masochists are women, and this disorder is the most common paraphilia among women, which indicates that women are rarely diagnosed as having any of the paraphilias.

Sexual dysfunctions consist of abnormally low (or high) levels of sexual desire, or difficulty achieving arousal or orgasm. Women are more likely to receive diagnoses indicating abnormally low levels of sexual desire or inhibited orgasm, but men also experience these sexual problems.

CONCLUSION

Several mental disorders show patterns of gender differences, and some disorders that have no overall discrepancy in prevalence do show gender differences in onset or experience. The most dramatic gender differences occur for anxiety and somatoform disorders, diagnoses overwhelmingly given to women, and sexual paraphilias, diagnoses overwhelmingly given to men. Schizophrenia and bipolar disorder show no gender difference in prevalence, but male schizophrenics show some behavioral differences compared to female schizophrenics. The gender differences in bipolar disorder relate to age of onset, with women receiving more diagnoses in middle age than men, who tend to be diagnosed at younger ages.

Although psychopathology constitutes more than exaggerated gender role behavior, all gender differences in mental disorders lend themselves to interpretations relating to gender roles. People tend to exhibit pathology related to their gender roles; that is, women show signs of weakness and physical complaints, whereas men show violence and unusual sexuality. Male schizophrenics are more violent and socially withdrawn, whereas female schizophrenics are more talkative and silly; both behaviors are consistent with traditional gender roles.

The patterns in rates of mental disorders for men and women reflect the power of male and female gender roles. The most common patterns of disorder for both men and women show consistencies with what are considered to be appropriate gender-related behaviors. When violations of gender roles occur, clinicians are likely to perceive that these patients have more severe problems than patients who exhibit psychopathology consistent with their gender roles.

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Effect of “EYE to ‘I’[®]” - An Early Intervention Model on Social Language Development for Children with Neuro- Developmental Difficulties

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ABSTRACT:

Recent research on services available for early intervention in New Delhi, India highlights that, there exists a lacuna between the services available and needs of a child with neurodevelopment disorder. The dual needs of a special child, which define his age and his syndrome, are not appropriately focused by the services available in India. The focus of the services available is on making the child adaptive to environment and scholastic skills. It is strongly felt that the focus should be on skill development of the child, to make him socially interactive, expressive and developing his theory of mind. The paper presents an Early Intervention Model, Eye To ‘I’[®], which includes an integration of language therapy in play -based interaction with special education, speech therapy and occupational therapy. The study highlights the significance & suggested effectiveness of this comprehensive, play-based model for Social Communication and language development in children diagnosed with neurodevelopment disorders, mainly autism.

Keywords: *Neurodevelopment disorders, autism, Early Intervention Model, language therapy in a play way, skill development*

[Advances in the past decade coupled with better training and sensitivity of health care professionals have resulted in early identification of children presenting with social and communication difficulties and those who are ‘at risk’ or show soft signs of autistic spectrum disorders. This trend is not only seen in the ‘developed’ countries, but also world-wide, including India. Early identification fortunately opens the doors to accessing interventions that would help with acquiring some of the skills that may help with better prognosis in the future.]

Autism is a complex neuro-developmental disorder that severely compromises functioning in multiple developmental domains: non-verbal and verbal communication, social understanding, relatedness, reciprocity and participation, play and cognitive and adaptive functioning.

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The nature of difficulties and their widespread manifestations in numerous, significant life experiences across the lifespan, beginning in early childhood, have fuelled research, interventions and clinical work in various directions, however, it is clear that early childhood is a period of significant growth and development - suggesting this time period as the most critical for therapeutic intervention.

Early childhood is a crucial phase of growth and development; The critical periods of socio-neurodevelopment experienced in early childhood, lay the essential building blocks for learning and interaction. This development is supported by universal characteristics of early development, including most rapid development in early years, sensitive, ‘critical periods’ for development occurring during this time period with a documented need for ‘nurturant’ physical, social, and economic environments. The importance of the early development period and the presence and impact of optimal childhood environments emphasize the overarching importance of Early Childhood Intervention in ‘at –risk’ populations. For children who experience disability, it is a vital time to ensure access to interventions which can help them reach their full potential.

Effective ages for best intervention outcomes:

Research into early intervention indicates greater efficacy for intervention in the preschool years. However, earlier and earlier diagnoses of ASD & related difficulties allow for interventions below the age of typical preschool age of three or four, such as 18-30 months of age (Charman, T. 2003); 18-30 months of age (Dawson G., Autism Speak, http://www.autismspeaks.org/press/early_start_denver_model.php). The effectiveness of intervention at differing ages and stages of early childhood needs to be explored further through comprehensive research across environments.

Approaches to intervention:

There are many schools of thought regarding intervention, each with its own understanding of autism, philosophy and principles of bringing about change. Broadly speaking, these different interventions can be organized into three main streams i. behavioural based interventions, such as ABA, DTT & Lovaas influenced models ii. developmental interventions, such as the DSP model, ‘Floor-Time’ & RDI and iii. Combined interventions, which include TEACCH & the Early Start Denver Model.

Numerous researches for these different approaches to intervention exist along with researches comparing the outcomes of these interventions. Systematic reviews (Zachary et al., 2011; Maria B. Ospina) assert the lack of well researched data to conclude the effect of one model over the other. Moreover, there is no research that equivocally shows improvement in core symptoms of ASD (footnote 4). In addition, the applicability and effectiveness of these varied intervention approaches in the Indian context remains unknown. Within this scenario, it might help to

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understand the important focus areas for any Early Intervention and target them with an intervention philosophy the therapist and family best ascribe to.

FOCUS AREAS OF EARLY INTERVENTION: THE ROLE OF JOINT ATTENTION & PLAY

Prelinguistic & Pre-play skills

The Eye to ‘I’ model uses play and the development of play skills as the foundation for therapeutic intervention. This approach is based on research that highlights the significance of play for social, emotional and cognitive development of all children, as well as for children with ASD (Sigman & Ruskin, 1999; Stone & Yoder, 2001). Furthermore, numerous studies point to the intersection between pre-linguistic functions (protodeclarative pointing, showing objects, joint attention, affective exchanges) and precursors to social relatedness functions, referred to in this paper as pre-play or early play skills, (such as orienting to name, gaze to faces, joint attention, and affect sharing) as necessary components of early play stages. Significantly, these same functions are typically underdeveloped or delayed in the autistic child. (e.g., Baron-Cohen et al., 1996; Dawson, Hill, Spencer, Galpert, & Walson, 1990; Lord, 1995; Sigman, Mundy, Sherman, & Ungerer, 1986; Stone, Lemanek, Fishel, Fernandez, & Altmeier, 1990).

Joint Attention

A well-researched marker of both prelinguistic and pre-play skills is joint attention. The skill of joint attention has found to correlate significantly with skills in social communication, linguistic development, and inversely to the presence of ASD symptoms (Rogers & Lewis 1989; Koegel 2000; Lord 2000) (Sigman & Ruskin, 1999; Stone & Yoder, 2001) Charman T. (2003). Given the depth of involvement of joint attention in overall skill development during early childhood, Joint attention skills have further implications in various types of play skills for all children, typically developing, or with neuro-developmental difficulties; and hence both as intervention foci as well as therapy contexts.

The Value of Play

The basis for play-based early intervention is supported by studies that explore prelinguistic skills and pre-play skills, such as joint attention, and the development of complex play and language. Researches have found that addressing joint attention therapeutically leads to stronger play skills and language. Specifically, evidence supports the relationship between play and language communication, with certain developments emerging first in play and subsequently in language. [Lewis V.](#), 2003; Lewis V. Et al., 2000 [Kasari C.](#), et al., 2008, 2012.

This cycle of impoverished play opportunities for children with ASDs may be broken through play based intervention. However, as seen in goal priorities of many intervention programs, “play is more likely to be viewed as a luxury to be targeted only when more basic deficiencies have been remedied.” (Wolfberg, P.J. & Schuler A.D.).

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Implications for play setting:

Studies indicate peer social interactions tends to be most common when children are participating in sociodramatic/pretend play activities (Odom et al., 2006; Sontag, 1997) and less common during more structured activities; children are more likely to engage socially with peers during child-initiated activities than during teacher-directed activities (Innocenti et al., 1986)

There seems to be value in setting intervention wherein children with ASD get opportunities to be in a scaffolded play environment with the therapist being in the role of a ‘play partner’ rather than ‘teacher teaching to play’.

Play philosophy

Hughes (2003) defines characteristics of play as having • freedom of choice • giving personal enjoyment and • where focus is on the activity itself rather than its outcomes. Elaborating this further, an activity may be considered play when it is intrinsically motivated, controlled by the players, concerned with process rather than product and characterized by the active engagement of the players

(<http://curriculum.nesd.ca/Subjects/Kindergarten/General/Ministry%20Kindergarten%20Supports/The%20Importance%20of%20Play.pdf>)

In our view, any play intervention with children should be an inter-play of understanding the above play philosophy along with the scaffolding needs the children have owing to the disability. Williams (2003) reviewed the empirical evidence relating to the development of early solitary object and parent-infant play in typical infants and children diagnosed with autism and found that only 7% of 161 studies making reference to play in autism actually focused on play. An examination of the goal inclusion in the curriculum / target skills of different intervention models reveals that play-skill is indeed a target in nearly all of them. However, when play is perceived as a discrete set of skills, precisely operationalized scripts and training sequences, it threatens the very essence of play (Wolfberg, P.J. & Schuler A.D.). Thus, the Eye to ‘I’ model uses a free form of play in which therapists are acutely aware of stages of play, yet do not have a scripted set of actions, or a ‘training model’. Instead the ‘Eye to ‘I’ model relies on demonstrated incremental play skills - and recorded observations of play skill acquisitions.

Our rationale for embedding intervention within a play context as well as actively targeting the play of children stem from above discussed, three parallel strands:

- Play is both the driving force as well as a mirror of development. Through play children not only explore and learn; they also experiment with their learning, apply and consolidate it, thus forming base for further learning in domains of motor, social, language, and cognitive development. (From various readings of Vygotsky and Piagets theories of development)

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- Spontaneous, diverse, flexible and interactive qualities of play are lacking in children with ASD (Wolfberg, P.J. & Schuler A.D.), these stemming from the core deficits in ASD; hence intervention to improve play skills has the potential of targeting the core skill deficits of ASD.
- It is the entry point and the most essential skill in peer interaction and social integration, without which children with ASD remain isolated. Innocenti et al. (1986) found that for preschoolers who were typically developing, peer interactions occurred most often when children were engaged in free play.

This is however, a conceptual paper with limited data. We hope the paper creates enough interest for detailed future research.

EYE TO’ I’ IMPLEMENTATION, METHODOLOGY, DATA & DISCUSSION

Method

The objectives of the present study were to examine the impact of the play-skills on social-communication (Non verbal and Verbal) development.

Hypothesis of the study: There is a positive impact of the play-skills on social-communication (Non verbal and Verbal) development.

In the research single subject design, also known as AB design has been used.

Participants

A sample of 33 children, 26 boys and 7 girls within the age group of 1 year 10 months to 4 years at the beginning of therapy. They came to Potentials with a diagnosis of autism, autism spectrum disorder or Pervasive Developmental Disorder. The children belonged to families with middle to high socio economic strata. Participants were recruited through Potentials Therapy Centre.

Inclusion criteria included (1) a neuro-developmental disorder of known etiology, (2) age 30 months at entry, meeting criteria for autistic disorder diagnosed by a child psychiatrist; (3) children taking at least 3 kinds of therapy: social-communication play-skill sessions, traditional speech therapy, special education, and occupational therapy at Potentials or elsewhere; one of which is always play-skill sessions. Exclusion Criteria included (1) children above 6 years coming for therapy, (2) children not taking play -skill sessions at Potentials.

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Procedure

The study was conducted in three phases: the pre intervention phase, the intervention phase, and the post intervention phase.

Pre-Intervention: Interaction with the parents and observation of the child was done by therapists from each domain (social-communication play-skills, speech, special education and occupational therapist).

- Intake interview (Semi-structured) with parents to get an idea of the child’s overall developments. Observation of the child in a play context to note his play-skills and his interactions with parent and therapists.
- Completion of various checklists to understand the overall developmental profile and sensory processing by parents and therapists together. (The ones relevant to this paper are summarized here):
 - Communication DEAL Developmental Checklists: which gives a profile - visual comparative level of development across 8 domains (Gross Motor, Fine Motor, Activities of Daily Living, Receptive Language, Expressive Language, Cognitive Skills, Emotional Skills and Social Skills); (A criterion referenced checklist by Prof Pratibha Karanth)
 - Understanding of the child’s communicative-language skills with a code along a internally developed broad coding system (based on review of developmental milestones charts):
 - 1 few random sounds/ babbles.
 - 2 increased ranges of spontaneous sounds/ babbles.
 - 3 one word – elicited (by modelling/ prompting)
 - 4 A spontaneous one word used in context (at least 10 such words)
 - 4 B scripted language used in context
 - 5 spontaneous sentences (self constructed, maybe grammatically incorrect)
 - 6 2-3 cycles of reciprocal language (spontaneous, functional and contextual)

This range excluded echolalia. Communication in any language or mixed use of languages in children from multi-lingual families accepted.

The children have been divided into 5 groups according to the duration of the therapy received by the child after the diagnosis.

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Intervention

Duration and intensity: The children were provided with intensive early intervention, delivered by a multi-disciplinary team, each therapist further specifically trained in our understanding of ASD and ‘Eye to ‘I’ intervention model. The children received 7 – 12 sessions/week. They varied in terms of the length of time they have been accessing these services (Table 1).

Table 1

Duration of Therapy	No. of Boys	No. of Girls	Total
2 – 2yrs 6mths	5	1	6
1yr 6mths to 2 yrs	2	-	2
1 – 1 yr 6 mths	2	3	5
6- 1 year	11	3	14
0 to 6 mths	6	-	6
	26	7	33

Intervention Details: Eye to ‘I’ – an intensive, comprehensive intervention model has been developed, taking into account the developmental literature. Eye to ‘I’ deals with developmental difficulties, with therapies provided in an integrated manner.

Philosophy:

The developmental focus in this model is understood in terms of:

(i) the stimulation and developmental needs for any child in his early years, (ii) additional challenges and hence developmental variations for each child due to ASD/ PDD. (iii) skills essential for children to access various environments appropriate for all children, within the families cultural context.

The intervention idea is nurturing a skill in any one developmental domain and then incorporating it as a base skill for therapy in other domains, so that the area targeted becomes a generalized skill that the child can use any and everywhere and is not learned as a fragmented behavior.

To cater to the above, the early intervention program involves:

- Play-skills which targets social interactions and functional language use
- Speech Therapy – targeting oro-motor issues (like blowing, sucking, jaw and lip functions), articulation etc

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- Occupational Therapy – Targeting sensory processing and integration issues Special education – works towards receptive and expressive vocabulary Group work – in areas of eating together, playing with a peer and educational based group work.
- Parent counseling and feedback
- Integrating the therapies -The therapists at Potentials engaged in Focused Group discussions to discuss each child. This also helped the different therapists working with same child to be one in mind and have a dialogue on a regular basis, hence achieving a holistic level of development for children.

The play-skill and social communication sessions focused on playing with kids, making the experience, activity, or game as exciting as possible to help the kid utilize his life force and produce playful and fun sounds to meaningful language. The social communication skills are assessed within the context of a combination of social and cognitive play continuums with his stereotypes and specific interests in object becoming the starting point for engagement. Language that goes along with the above play; along with narration by the therapist, set the language exposure environment within the session, hence setting pace for socially based communication skills.

Goals for children within the social communication -play-skill sessions are prepared majorly on three domains: (1) Nonverbal Communication; narrowing it down to eye gaze and understanding and use of gestures and body orientation. (2) Verbal communication dealing with fun sounds produced by the kid during play, to words to sentences; from attending to the therapist, to imitation, to spontaneous recall, (3) Play goals like understanding of play partners, attending to and imitation of therapists sounds and actions, joint attention, functional use of play objects etc.

[Note: We are not explaining the other therapies included in the intervention protocol in details as they are more typical of the widely conducted therapies in most interventions.]

The goals of every participant were reviewed and updated on an average after every 12 sessions (per therapy kind) which happened over a period of 1- 2 months. The feedback for the same was shared with the parents.

Progress with Intervention: Since all the children included in the study are still continuing with therapy interventions, we would refrain from calling this level of assessment as ‘Post Intervention’. The following measures of progress have been seen:

- Parental feedback on the child’s progress in communication in other environments (i.e. outside therapy)
- Completion of checklists by parents and therapists together (same as in pre-ass)

Effect of “EYE to ‘I’” - AN EARLY INTERVENTION MODEL on Social Language Development for Children with Neuro- Developmental Difficulties

- Communication DEAL Developmental Checklists: this showed both a forward movement to reaching age appropriate skills and filling in the gaps in development and more homogeneity in the skills in the 8 domains assessed.
- Giving another code in accordance with the child’s current communicative-language skills along the internally developed broad coding system.

RESULTS

Initial observations and ensuing understanding of the children by the intervention team helped the therapists work to build on “therapeutic readiness” by incorporating his specific interests, stimulatory behaviors and sensory issues along with any other difficulties such as separation issues. Our focused group discussions in weekly meetings helped us do ground work for the integrated-multidisciplinary work necessary to overcome the barriers and create readiness. This focused on sensory settling in, co-ordinated cognitive, receptive language developments and oro-motor (speech) readiness. Their stereotypies were targeted to make them into functional behaviors.

Overall developmental was seen by comparing the pre-intervention and post intervention Comm DEAL Profiles and the internally developed coding for Communication-Language Skills.

- Communication DEAL Developmental Profiles. Since this 0-5 scoring has not yet been standardized, we are unable to use this for formal evaluation in the study. The general trends however indicate:
 - (i) maximum increments in the motor domains and Activities of Daily Living; (ii) Social, emotional follow (iii) Receptive Language and cognitive skills usually improved more than the expressive language skills.

Heterogeneity in development in different domains still existed, though the variability was lesser.

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- Communicative Language Skills coding:

Table 2: showing sum of speech-language code scores before and after intervention, mean of code scores before and after intervention and percentage difference in the two means.

Group no.	N	Time Period of therapy	X	Y	Mean X	Mean Y	% increase in the means
1	6	2-2yrs 6mths	12	30	2	5	60%
2	2	1 yr6mths-2yrs	4	8	2	4	50%
3	5	1 yr – 1 yr 6mths	13	24	2.6	4.8	45.84%
4	14	6mths – 1 yr	30	56	1.25	4	68.75%
5	6	0 - 6mths	20	23	3.3	3.83	13.05%

Code Scores in order to understand the child’s communicative-language skills.

For code scores refer to (iii) (d) of Pre intervention, Procedure, Method.

N = number of children in each group as per the time period of therapy

X = sum of code scores of n children before intervention

Y= sum of code scores of n children after intervention

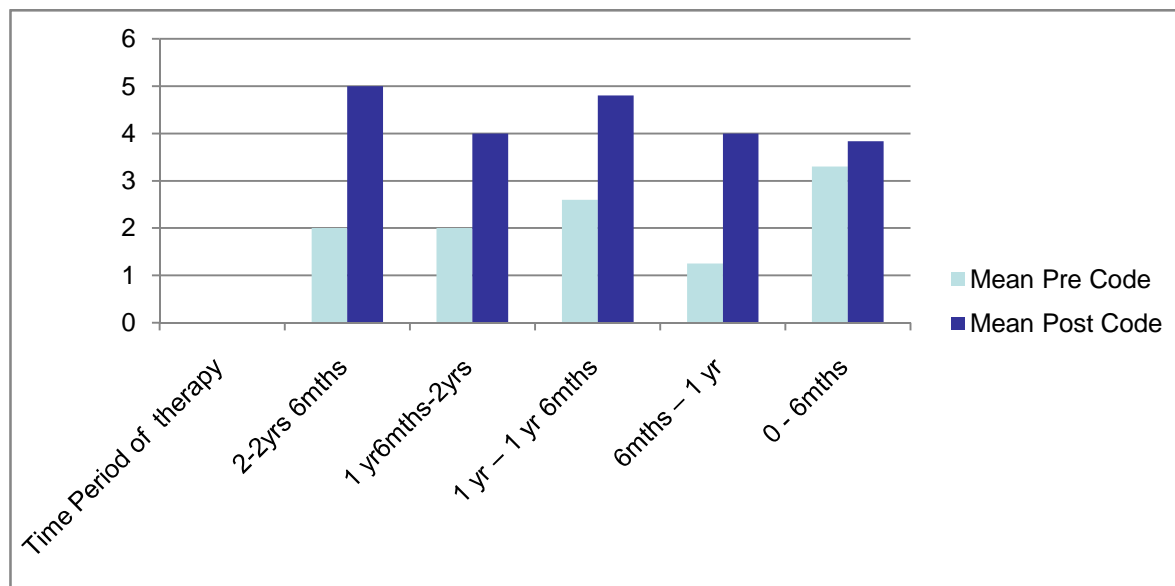
Mean X= Mean of sum of code scores before intervention.

Mean Y= Mean sum of code scores after intervention.

% increase in the means: of code scores from pre to post intervention.

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Graph 1: Bar graph showing the means of code scores from pre intervention (X) to post intervention (Y) in 5 groups.



It can be clearly seen from the Table 2 and the Graph 1 that as the time period of intervention is increasing, there has been a consistent increase in the scores from pre to post intervention. Corsello (2005) says that there are two aspects of intervention that are common to most intervention programs designed for ASD and have empirical support: 1) intensity of the program and 2) the age at which children should begin intervention.

The children in Group 1 (undergoing therapy since 2-2 years 6months) show gradual and consistent increase in their individualized Comm DEAL Profiles. Their skills have been generalized in multiple settings. The minimum increase of 13.05% in the means from pre to post intervention is seen in first 6 months. This is because in the first 6 months, the focus is mainly on awareness of people, social surroundings, and adjusting to proximity, i.e. the base skills for joint attention and reciprocal interaction. This forms basis for further work on understanding and using both nonverbal and verbal communication embedded in the social context. At this stage parents are still in the process to understand how the disorder applies to their child.

The maximum increase in the percentage from pre to post test scores (68.5%) is found in the kids undergoing intervention for 6 months to a year. Now base skills are developing and parents better understand the process and targets of therapy. Hence, intervention extends to functional interaction in everyday living.

As time period of therapy is increasing parents' responsiveness to play as a play partner while interacting with the child is increasing. Some inroads have developed in therapy; child is more responsive to richness in play environment which is broadening every day.

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Table 2 and the Graph 1 clearly show that as the time period of intervention is increasing, there has been a consistent increase in the scores from pre to post intervention..

Analysis of Individual Data within groups: Two out of six children in Group 1 have reached from lower end of the continuum to the highest one. They came to Potentials with few random sounds and babbles. With the course of therapy, these children today are capable of having rounds of conversation. The intervention doesn't stop here; the existing challenges are tackled in weekly therapy sessions. Pragmatic language skills is the next focus for these children. Most of the children taking therapy since 2 years 6 months have moved from unoccupied, solitary play to cooperative play with broadened and enhanced range of play and language (sounds/words) that goes with the play.

Inter Rater Reliability

Inter rater reliability was calculated between two raters at two different levels, using Spearman Rank Order Correlation Coefficient. Rating was taken by two therapists before and after intervention.

One rater was the therapist who has been taking language sessions for the child. The second rater is one who is a mere observer for the child, but has seen the child since day 1 at 'Potentials.' Efforts were made to keep the rating free from affection or comparison bias.

The therapists are in consensus with the level of child on the coding system before intervention, as the correlation between the two raters is strong ($r = +0.94$). Correlation between two raters after intervention is ($+0.87$). While rating for post intervention according to the coding system developed internally, therapist faced difficulty as many aspects of communication seemed missing to them. Some children were in the phase of transition, and were placed on level where they are seen the most frequently. This rating became an opportunity to evaluate the coding system. There is a scope of revision as this coding system portrays only expressive language part of the communication domain, and areas like non verbal aspects or affect are not included in it.

DISCUSSION

Our study was defined to find the role of the “Eye to I” model developed and followed at Potentials Therapy Centre in the Communication and Language skills of children with Autism Spectrum Disorder.. An underlying feature of play development in children with ASD is that people- and object-focused lines of development fail to merge at around 9 months. This merger, which normally provides for the emergence of communicative intent as first described by Sugarman (1982), lays the foundation for increasingly abstract levels of representation and, ultimately, for decontextualized, symbolic thought and action. Our aim is to hold the child's hand and walk with him through the process of interacting with others, to know his/her own inner self closely. The focus is to impart skills to the children, and in turn improve the family's quality of life.

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The early event of diagnosis of ASD sets the individuals on well-worn life pathways leading to a unique way of development for the child. Parents are dealing with changed life perceptions, societal isolation, stress, and these things cumulatively influence the health and development of the focus child impacting their growth over the years. These influences can be well explained by three separate processes that have been proposed to influence children's development—latency, pathways and cumulative processes—operating in complex and interrelated manners (Hertzman, 2000). Thus it becomes even more important to consciously provide the children with early intervention (EI) which leads to forming a meaningful developmental trajectory for children. Another research mentions that brain development in the young child is strongly influenced by the timing and quality of early experience (Huttenlocher, 1988).

A common thread emerging from the Comm DEALL profiles is that the fastest and most visible changes were seen in the motor skills of children (gross and fine motor). The sensory processing difficulties, when combined with language disorders and the inability to interpret environmental feedback, impact the children's ability to effectively motor plan activities, both language and motor based (Daichman, 2002).

The heterogeneity seen in the profiles is typical of children with ASD. From the eight domains, the expressive and receptive language domains were lower as compared to the others. This is merely highlighting the language skills that form a key area of deficit for these children. Barbar and Dissanayake (2011) investigated the developmental profiles of children with Autism Spectrum disorders (ASD) from 12- 24 months. They found that children with ASD performed below age appropriate norms on the Malin's Scale of Early Learning, with exception of fine motor skills at 12 and 18 months of age suggesting that a severe deficit in Receptive Language may be the core cognitive impairment that determines whether a child will develop autism or continue to show developmental or language problems with autism. We see a similar heterogeneity in our study, which was somewhat minimized in post intervention assessment though variability existed. There is value in this profiling, both for defining intervention focus and child's relative areas of strengths and weakness, but also for parental work when over-emphasis is being laid on one or two domains over others, e.g. special education, over other domains which is frequently seen.

Moreover, the links between intervention types, i.e. sensory, motor, cognitive and social communication that we see as essential in therapy, are also reflected in our results. Functional skill development in sensory systems such as auditory and visual directly translated into increments/ readiness for gains in cognitive and receptive language domains; these in turn improving cognitive-play skill and social communication skills. The need for well integrated, multi-disciplinary work is reinforced.

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Wolfberg and Schuler (2008) state that “particularly when dealing with children whose behaviors defy developmental expectations; play is more likely to be viewed as a luxury to be targeted only when more basic deficiencies have been remedied.” The play skills of children with ASD are impaired. But as their child is diagnosed with ASD, the parents focus primarily on their child’s ability to attend a school and the focus is on making the child adaptable to school and classroom settings and consequently, academic achievement.

In our view, a therapy based primarily on Special Education is more directly helpful in cognitive enhancement and performance in class. but is less helpful in making the child ready to cope in varying social scenarios, multidimensional thinking and using language in social communicative contexts..

The coding system formed internally is based on the developmental milestones of language. Speech and language milestones from birth till 5 years were looked into. Different aspects of speech and language – phonology (level 1 & 2 of coding); semantic (level 3); pragmatic (level 4, 5&6).

Looking at children from both a psychological and sociocultural perspective, Vygotsky (1933/1966, 1932/ 1978) attributes a most active role to play as a primary social activity for acquiring symbolic capacities, interpersonal skills, and social knowledge. According to his view, play’s significance extends beyond that of merely reflecting development to that of leading development. To quote Vygotsky (1932/1978):

“In play a child always behaves beyond his average age, above his daily behavior; in play it is as though he were a head taller than himself. As in the focus of the magnifying glass, play contains all developmental tendencies in a condensed form and is itself a major source of development. (p. 102)”

Play is thus seen as a driving force rather than just a mirror of development.

Despite its therapeutic potential, play and particularly peer play has not received the attention it deserves in the education and treatment of children with ASD.

Tracking the course of symbolic and social play in typical childhood development provides a context for understanding play patterns and variations in children with ASD. Typical play development reflects the child’s growing understanding of objects, social awareness of self and others, and emotional attachments to and relationships with adults and peers.

Growth at all levels will impact the child’s advancement in language and play skills. We mentioned earlier that participants are taking at least three kinds of therapies. Enhancement in cognitive skills with special education will help the child learn new concepts as well as enhance receptive and /or expressive vocabulary, speech therapy will help him strengthen his oro motor muscles necessary for speech (articulation, clarity and tonal functions like breath control, volume

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etc; besides range of sounds and sound units). If a child is unable to get therapy in any of the areas, it may become a barrier for further growth in language and play skills. . Ours is a child centered practice that is primarily developmental in orientation, where-by the adult follows the child's lead, as opposed to directing the child, to stimulate, expand and scaffold play along the lines of a progression that mirrors typical development. The child's spontaneous initiations in play with objects, self and others are guided by a careful appraisal of the child's developmental status.

Targeting play skills through early intervention nurtures the child's innate desire to play. It was observed over the course of therapy that playfulness, experimenting with new play material, ability to play with other children has emerged. The children are moving from non play to higher levels of play.

CONCLUSION

Through this study we can say with conviction that deficits due to SCDs/ASD/PDD, can be softened with play based early intervention and are beneficial in social communication and language development.

The study strengthens the relationship with specific developments emerging first in play and subsequently in language.

LIMITATIONS AND FUTURE IMPLICATIONS

This paper is more of a conceptual paper. The model needs to be put through rigorous empirically validated data testing.

The small sample size has had an impact on the results. This serves as the pilot study for Potentials to present their model with a larger sample and emphasizing the efficacy of their model with strong empirical support in the near future. Moreover, the impact of this model in overall development needs to be studied.

Our data cannot be generalized as it might be skewed due to Demographic factors, socio economic starta, and familial education.

The coding system formed internally was found restricting by the raters, as they had to confine to the 6 levels only. Some kids were in the phase of honing skills to be consistent users of the next level in the coding system. This aspect has majorly influenced our results. Though efforts were made to prevent affection and personal bias in effecting the rating by therapists, this could also be an aspect influencing results. An inter rater reliability between the participant's lead therapist and their parents could have helped us to have a broader picture of the generalization of child's skill in daily life.

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One point put forward by the present research is that play is a target for children with ASD. Further research is needed to validate this point with empirical data. With lack of a suitable tool to measure progress in play skills for our population, the very backbone of our model could only be ascertained by observations, parental feedbacks and the effects of play on Social and Communication skills, including functional, social language.

In future research it would be pertinent to carry out larger scale replications. Further research might also address questions pertaining to the extent to which speech, language and overall communication skills can be advanced through guided participation in peer play.

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Self-Concept in Relation to Achievement Motivation of High School Students

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ABSTRACT:

The purpose of this investigation was to find out the significant relationship between Self-concept and achievement motivation of high school students and also tried to measure the self-concept and achievement motivation in relation to gender. For the purpose of the present study 400 (200 boys, 200 girls) students of high school were selected randomly from four different schools of Aligarh (UP) within the age range of 16-17 years. To assess the self concept of high school students Self-Concept Questionnaire developed by Dr. R. K. Saraswat (1984) was used which provides six dimensions viz. physical, social, intellectual, moral, educational, and temperamental as well as a total self-concept score. The achievement motivation of high school students was measured by the Achievement Motivation (n-Ach) Scale developed by Dr. Pratibha Deo and Asha Mohan (1985). Pearson's product moment co-efficient correlation was applied to investigate the relationship between self-concept and achievement motivation; t-test was applied to see the differences between mean scores of girls and boys on self-concept and achievement motivation. One of the findings of the study showed a significant positive correlation existed between self concept and achievement motivation of high school students. Another finding of the study revealed that there was no significant gender differences existed on total self-concept, physical self-concept, intellectual self-concept, educational self-concept and temperamental self-concept. Furthermore it was found that girls and boys differed significantly on social self-concept and moral self-concept.

Keywords: *Self-concept, Achievement Motivation, High School Students.*

High school education stage plays a significant role in the quest to develop the nation's future manpower for rapid development Quist (2003). High school education is the foundation for higher education. It becomes indispensable to develop human resource from the early stages of human life. Over the years, behavioural scientists have noticed that some people have an intense desire for achievement of something, while others may not concern about their achievements.

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This phenomenon has attracted a lot of discussions and debates. It has been observed that people with a high level of achievement motivation exhibit certain characteristics. Motivating students to learn in school, colleges have become a topic of great concern for educationist and psychologists today. Lack of motivation is a big barrier in learning and a pertinent cause in the deterioration of educational standards. According to Deci and Ryan (2000) motivation is greatly appreciated because of the consequences it produces. Therefore, correlates to achievement motivation draw the attention of researchers. The attitude that is often used in conjunction with motivation to achieve is self concept, or the way one thinks about oneself to perform a task successfully. Self-concept is such a psycho-social variable which is considered to be responsible for motivation to achieve. There is considerable evidence to support the contention that a positive academic self-concept contributes to academic achievement by enhancing the motivation to achieve. A positive self-concept may contribute to good achievement motivation by student's optimistic personal expectations about himself or herself. As Franken (1994) stated that "there is a great deal of research which shows that the self-concept is, perhaps, the basis for all motivated behavior. It is the self-concept that gives rise to possible selves, and it is possible selves that create the motivation for behaviour." Research has supported the belief that there is a persistent and significant relationship between self-concept and academic achievement, and the change in one seems to be associated with a change in other (Marsh 1992; Marsh and Craven, 1997). The self-concept of the students can be influenced by certain factors. It can be due to the teachers' attitude toward them or the way their parents treat them. These factors can influence the self concept of students either in positive way or in negative way. Positive or negative self concept of students may greatly affect their motive to achieve.

The students of high school belong to adolescence stage of human span of life. World Health Organization (1997) defined adolescence is being between the ages of 10-19 years. Adolescence is a time of rapid biological change, personal development, social interactions, social expectations, and peer influence. Adolescence is a transitional period and it is the bridge between childhood and adulthood. It is the time of rapid development of growing to sexual maturity, defining personal value, finding one's vocational and social direction and discovering one's real self. Adolescence is the period of time when the surge of life reaches its highest peak (Jersild, 1963). The National Council of Educational Research and Training (1999) defined adolescence as a period of physical, psychological and social maturity from childhood to adulthood. Psychologists have described adolescence as a period of "storm and stress" a period of dramatic ups and downs through which every teenager must pass in order to develop into a mature adult. Thus, the most difficult developmental period is probably adolescence period. Today's adolescents have to face various demands and expectations from parents and teachers as well as high competition, that appear to be numerous and complex. Meeting demands at home, school and maintaining a good social relationship can contribute to a significant amount of stress. Adolescents' success in their educational endeavours and their general socio-emotional adjustments are influenced by a variety of personal characteristics and environmental experiences. As a child goes through adolescence, he or she is subjected to many different

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psychological and social challenges, stressors, and opportunities. An important factor in handling these challenges is a positive self concept. The development of a positive self-concept during adolescence period is very necessary for healthy personality development.

SELF-CONCEPT

Self-concept is an organisation of beliefs about the self. Self-concept is individuals' overall perception of their abilities, behaviour and personality. Self-concept is one of the most popular ideas in psychological and educational literature which is considered as a key to success. It shapes how the individual views his relations with the world and reflects his overall quality of being. The self-concept is basically a set of ideas about oneself: who you are as a person, and your place in the world, society, and the lives of people around you. Self concept is an important phenomenon for a healthy and sound personality of an individual. Raimy (1943) was the first person who defined the self-concept, "the self-concept is the more or less organized perceptual object resulting from present and past self observation... (i.e.,) what a person believes about himself. The self-concept is the map which each person consults in order to understand himself, especially during moment of crises or choice". Hattie (1992) viewed self-concept in terms of the cognitive appraisal one makes of the expectations, descriptions, and perceptions that one holds about one's self. The success and failure of one is largely dependent upon one's perceptions of him/her and what others think of him or her. It is dynamic, unique, and always evolving. No person is born with a self-concept. Self-concept develops as a person grows old. It means that our perceptions towards our selves can be shaped, reshaped, and can also be affected by environmental factors. Self concept develops through interaction with people and environment. As pointed out by Gerger (1955) social interaction does such for this i.e. to understand himself and to guide his conduct. These interactions continue to affect self concept. In the words of Sood (2006) self-concept is the sum total of person's perceptions about his /her physical, social, temperamental and academic competence. It covers beliefs, convictions and values the person holds.

ACHIEVEMENT MOTIVATION

Motivation is the basic drive for all of our actions. Motivation refers to the dynamics of our behaviour, which involves our needs, desires, and ambitions in life. The motivation that produces a need for better success or achievement is called achievement motivation. Achievement motivation is relatively a new concept in the world of Motivation. Achievement motive is a concept developed by the social psychologist McClelland to denote the strong urge felt by an individual or society for achievement in various aspects like education, culture, money, etc. that satisfies the need of self-esteem. McClelland et al (1959) defined achievement motivation as a competition with a standard of excellence. Thus the achievement motivation is characterized by a desire to attain a high standard of excellence and to accomplish the unique objective. Atkinson and Feather (1966) stated that "Achievement motive is conceived as a latest disposition which is manifested in overt striving only when the individual perceives performance as instrumental to a sense of personal accomplishment". Achievement motivation can be defined as an individual's

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need to meet realistic goals, receive feedback and experience a sense of accomplishment. People who are oriented towards achievement, in general, enjoy life and feel in control. Being motivated keeps people dynamic and gives them self-respect. Achievement motivation has been defined as the extent to which individuals differ in their need to strive to attain rewards, such as physical satisfaction, praise from others and feelings of personal mastery (McClelland, 1985).

Weiner (1986) in his achievement motivation and emotion theory states that achievement motivation deals with success and failure, causal thinking, and emotional thinking of achievement behaviour. Individuals with high achievement motives will act in such a way that will help them to outperform others, meet or surpass some standard of excellence, or do something unique (Schmidt & Frieze, 1997, 427). Achievement goals can affect the way an individual performs a task and represent a desire to show competence (Harackiewicz, Barron, Carter, Lehto, & Elliot, 1997). Achievement motivation is considered as intrinsic motivation of an individual that concerned with work planning, pattern of actions and a self-feeling to achieve success at the standard of excellence. Gesinde (2000) stated that achievement motivation is a self-determinant to academic success. Therefore the achievement motivation is based on reaching success and achieving all of our aspirations in life.

REVIEW OF RELATED LITERATURE

Clark and Seevers (2003) conducted a study to investigate the relationship between student self-concept, both in a global sense and more specific areas, with achievement scores in reading and mathematics. Student self-concept was assessed with the Piers-Harris Children's Self-Concept Scale and academic achievement was measured by the Texas Assessment of Academic Skills annual test battery. Results indicated a significant positive correlation between global self-concept and reading achievement and a weaker positive correlation for mathematics achievement.

Bester (2007) conducted a study on personality development of the adolescent peer versus parents. The sample chosen were 53 boys and 55 girls. The respondents completed Fourje's (2001) self concept scale, and it was found that there was no gender difference in boys' and girls' self concept.

Awan et al (2011) made a study on relationship between achievement motivation, self concept and achievement in English and mathematics at secondary level and found that self concept has a significant relationship with achievement motivation.

Khirade, Santosh K. (2012) measured self-concept among the adolescent. Sample comprised of 80 girls and 80 boys. Self concept questionnaire by Dr .Raj Kumar Saraswat was used to assess their self concept. It was also found that there was no significant difference between the self concept of boys and girls & there was no significant difference between the physical, social, temperamental, educational, moral and Intellectual self-concept among the boys and girls adolescent students.

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Arul Lawrence and Vimala (2013) conducted a study to investigate the relationship between self-concept and achievement motivation of high school students. Sample consisted of 250 high school students. Self-concept Questionnaire developed by Dr. Raj Kumar Saraswat and Achievement Motive Test (ACMT) developed by V.P. Bhargava (1994) were used for the collection of data. Findings of the study revealed a significant positive relationship between self-concept and achievement motivation of high school students.

OBJECTIVES

The main objectives of this study are:

- 1- To find out the relationship between self concept and achievement motivation of high school students.
- 2- To investigate gender difference for self concept of high school students.
- 3- To investigate gender difference for achievement motivation of high school students.

SIGNIFICANCE OF THE STUDY

Self-concept is an important element in the growth and developmental process for individual. Various studies have shown a positive correlation between self-concept and achievement motivation. Those who have high self-concept can easily develop high level of intrinsic motivation within themselves which leads to great achievement. Achievement motivation, as it relates to students, is very important. Achievement motivation is considered as intrinsic motivation of an individual that concerned with work planning, pattern of actions and self-feeling to achieve success at the standard of excellence. Those students who have high motivation for achievement they generally do well academically. Students with low motivation do not do well academically. Students with high self-concept feel themselves competent and motivate to achieve certain goals. The basic assumption is that students who feel good about themselves and believe in their abilities are the ones who are most likely to be successful. Self-concept is such a psycho-social variable which is considered to be responsible for motivation to achieve. Therefore the researcher desired to study the relationship between self-concept and achievement motivation of high school students.

METHODOLOGY

Sample and Sampling Technique:

To comply with the objectives of this study, 400 high school students (200-girls, 200-boys) were randomly selected from different schools of Aligarh. The age range of students was 16-17.

Research Tools

Achievement Motivation (N-Ach) Scale: In the present study the achievement motivation of high school students was measured by the Achievement Motivation (n-Ach) Scale developed by Dr. Pratibha Deo and Asha Mohan (1985). The scale consists of 50 items, 13 are negative and 37 are positive items with 5 points to rate viz Always, Frequently, Sometimes, Rarely and Never. The test-retest reliability coefficients of the scale were found to be .69 and the validity coefficient were found to be .04

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Self Concept Inventory: In order to measure self-concept Dr. Raj Kumar Saraswat Self-concept questionnaire (1984) was used. The questionnaire provides six dimensions viz. Physical, Social, Intellectual, Moral, Educational, and Temperamental as well as a Total Self-Concept score. The questionnaire consisted of 48 items. Each item is provided with five alternatives. There is no time limit for responding to all the items. Reliability of the inventory was found by test-retest method, and it was found to be .91 for the total self-concept measure. The maximum obtained score is 240 and minimum is 40. High score on this inventory means high self-concept and low score means low self-concept.

Procedure

To obtain the data, the scale was administered to a group of high school students during their class hours. Participants were assured that their responses will be kept confidential and only the researcher would have access to their data.

Statistical Analysis

In the present study for analyzing the obtained data, the investigator has used Pearson Product Moment Correlation to find out the relationship between self-concept and achievement motivation of high school students and t-test to investigate the gender difference on self-concept and achievement motivation.

RESULT &DISCUSSION

TABLE-1: Coefficients of correlation between self-concept and achievement motivation

Self-concept	Achievement motivation
Physical self-concept	.044
Social self-concept	.202**
Intellectual self-concept	.325**
Moral self-concept	.362**
Educational self-concept	.361**
Temperamental self-concept	.131**
Total self-concept	.333**

**** P < 0.01 level.**

Table 1 depicts correlation coefficient of self-concept and achievement motivation of high school students. It is clear from the table that total self-concept and its five dimensions viz. Social, intellectual, moral, educational and temperamental self-concept have statistically significant positive correlation with achievement motivation of high school students. Because 'r' values of social (.202), intellectual (.325), moral (.362), educational(.361), temperamental (.131) and total self-concept (.333) are significant at 0.01 levels. But there is no statistically significant correlation existed between physical self-concept and achievement motivation of high school students as 'r' value (.044) is not significant. Findings of the present study that self-concept has positive relationship with achievement motivation of high school students is consistent with the findings of the study conducted by Arul Lawrence and Vimala (2013), where they found

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significant positive relationship between self-concept and achievement motivation. This finding is also in congruence with the finding of Chetri (2014) where she conducted a study on self concept and achievement motivation of adolescents and their relationship with academic achievement and found a relationship between self concept and achievement motivation. This is due to the fact that those students who have high level of self-concept can develop high level of intrinsic motivation within themselves which motivate them to achieve better. They are aware of their strengths, talents and weaknesses. This makes them able to rectify their weaknesses and develop their strengths to achieve higher in this highly competitive world.

TABLE-2: gender difference on self-concept

Variables	Gender	N	Mean	S.D	t-value
Physical	Male	200	29.43	4.242	1.269
	Female	200	29.96	4.030	
Social	Male	200	28.46	4.717	2.212*
	Female	200	29.41	3.827	
Intellectual	Male	200	29.00	4.131	.851
	Female	200	29.32	3.476	
Moral	Male	200	30.14	5.997	1.928*
	Female	200	31.16	4.475	
Educational	Male	200	30.44	4.359	.827
	Female	200	30.78	3.844	
Temperamental	Male	200	27.22	4.219	1.450
	Female	200	28.96	16.386	
Total self-concept	Male	200	174.66	17.241	.655
	Female	200	175.94	21.580	

* $P < 0.05$ level.

Table 2 depicts the gender difference on total self-concept and its dimensions. The mean scores (29.41) of girls on social self-concept are greater than the mean scores (28.46) of boys. This clearly indicates that girls are significantly better on social self-concept than boys as t-value (2.212) is statistically significant at 0.05 level of confidence. This is due to the fact that now a day's girls are given much more importance in family and society. They spend more time with their families and relatives as compared to boys. They are more social than boys. Girls are also found to be better on moral self-concept as the mean scores (31.16) of girls are greater than the mean scores (30.14) of boys and the t-value 1.928 is statistically significant at 0.05 level of confidence. Except on these two dimensions of self-concept t-test failed to reveal a statistically reliable difference between the mean scores of girls and boys of high school on other dimensions of self-concept like physical, intellectual, educational, temperamental and on total self-concept. This finding of the present study is in congruence with finding of the study conducted by Bester (2007) and Khirade, Santosh K. (2012), where they observed no significant difference between

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boys and girls on total self-concept and its dimensions. In explaining these findings of the present study, it can be said that present age is the age of knowledge exploded society, there is gender equality almost in every field. Girls are in no way lagging behind the boys because people have started to give equal importance to the girls' education. Governments have made various policies exclusively for women. Girls are also getting equal opportunities and they occupy high positions in almost all fields.

TABLE-3: gender difference on achievement motivation

Variables	Gender	N	Mean	S.D	t-value
Achievement motivation	Male	200	131.80	21.413	2.203*
	Female	200	136.09	17.273	

* $P < 0.05$ level.

Table 3 shows gender difference on achievement motivation. It is evident from the table that girls have better achievement motivation than that of boys, as t-test reveals statistically reliable difference between the mean scores of girls ($M=136.09$) and boys ($M=131.80$) in their achievement. The t-value is significant at 0.05 level of confidence. This finding is in congruence with the studies conducted by Wang et al (2008), Prakash and Coplan (2007) and Kiuru et al (2009), where they found girls achieve better academically.

CONCLUSION

Correlation analysis revealed that there was a significant positive relationship between self-concept and achievement motivation of high school students. Another findings of the study showed that girls had high social and moral self concept as compared to boys. Next findings revealed that girls and boys were not found differ significantly on their total self-concept and its four dimensions viz. physical, intellectual, educational and temperamental self-concept. It can be safely conclude that self concept has positive correlation with achievement motivation of high school students. The students of high school belong to adolescence stage of human span of life. Adolescence is a period of life in which the sense of self' changes profoundly. The adolescent self-concept is influenced by psychological and social relationships. They are conscious of their self-awareness, know that people can think about their own experiences and this leads to increased self-consciousness and a sense of control. The adolescent time period is a difficult time period when self-concept of an individual is particularly susceptible to being challenged. Therefore it becomes indispensable to take efforts to improve the self-concept of adolescents. Self-concept is very important and essential in developing a child personality. Teachers and parents should provide a good environment. Parents have to consider those factors that influence the development of more positive self-concept. This will help adolescents to develop their self-concept which will further lead to understanding of their capabilities, strengths, weaknesses, interests, attitude, aptitude, emotions, knowledge etc. This will lead them to develop a high level

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of achievement motivation. At school, the development of students' self-concept depends on the environment of school, behaviour of educators and relationship with friends. A positive classroom environment creates a more favourable and positive environment in which a more positive self-concept develop among students that can contribute to good academic achievement. Achievement during this period can be a stepping stone for the forthcoming year. Educators should arrange psychological grooming process and create stress free environment for the development of students self concept. Students need to improve their self confidence, beliefs, perception, attitudes, and feelings for the betterment of their self concept. An adolescent can succeed in life, only if he or she has good achievement motivation and self-concept.

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Lonely Together: The Psychological Divide Due To Social Networking Sites

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ABSTRACT:

We live in a world full of judgment and competition, inescapably comparing ourselves and being compared to those around us. The types of actions users take and the kinds of information they are adding to their Facebook walls and profiles are a reflection of their identities. You are your Facebook, basically, and despite all its socialness, Facebook is a deeply personal medium.

The time spent earlier during a car ride to a daydream, or building fantasies during lunchtime at work, or those small breaks one took to gaze outside the window are now all time to connect with technology, reply to a text, log on to websites and check email or notifications. I feel robbed on my aloneness, to be rather a buzz of constant communication, that hinders my every moment, and there is always someone to reply to.

I finalized this topic because I wanted to explore the need of projection of an online identity of one's self and if it is the performance and the constant simulation that keeps us stimulated and addicted or is it the reflection of the real onto our screens, because some of us project and consume, idealized images through Facebook, and researchers have been trying to figure out how all this flawlessness affects us in the real world.

Keywords: *Social Networking Sites, Self Esteem, Psychological Well Being, Lonely Together, Facebook*

“I’m about to bake cookies for my boyfriend!” “I have 2 job interviews this week!” “I just had the most romantic night ever!”

Do any of these sentiments sound familiar to you? It’s not a foreign concept that Facebook status updates may be geared toward all the positive occurrences in one’s life. It’s also likely that when some scroll through their news feeds, they’re comparing these successes to their own lives.

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As if people did not already have enough things to worry about when they leave the house, the internet can do a good job of adding to social neurosis. Think about leaving the house looking your absolute best. Are people complementing your new haircut, are they craning their necks to see your wicked-cool mustache? How do you feel when you notice people not noticing you? I think everyone has gone out feeling like this at one point or another, and I believe that what you think people think of you has a lot of import into what you take your identity to be. But now people can form opinions of you without you ever even having to leave your house, from the second a person lays eyes on your profile picture they have an opinion of you formed.

I resisted when they told me it was the hottest thing ever, I resisted even when I was left out of conversations because I didn't know what they were talking about, I resisted being tagged or poked or looked at whenever one fancies it. I had my high and mighty reasons of not being pushed, just so that I belong, I did not want to be faced with dilemmas and people from my past, I was so comfortable with the idea that some people are left behind and we carry forward some for a reason. It was purposeless, non-constructive and I chose to be unavailable. And yet here I am with people in my friend list who aren't my friends, being poked or tagged, distributing hugs and kisses, hearts and love-you's to people I would not even want to see, jostling out of invitations for parties and coffees. I got addicted and I have seen my friends addiction towards social networking sites like facebook etc to the limit that my topic of study is to understand the powerful need that is being met by myself and a million other selves who are in the predicament that I'm in, I need to understand how that identity that I have created for my friends has taken on such an important, such an essential role in my life. When did people's value judgment become the notifications and highlights of my day?

When I 'like' comments and statements and I am told that a 45 more people also like this, do I then feel one with the world and more acceptable or is my uniqueness threatened? Am I seeking validation through Facebook and other social networking sites, of my actions and movements and creating performances of everyday ordinary events to make them more entertaining so that people comment or like me? Is the symbol then more important than what it symbolizes? We are fed with this simulated self as a better self and we lap it up.

I need to understand the powerful need that is being met by my self and a million other selves who are in the predicament that I'm in, I need to understand how that identity that I have created for my 487 and counting friends has taken on such an important , such an essential role in my life. When did people's value judgement become the notifications and highlights of my day? During this study, I explore the need of a projection of an online identity of one's self and the creation of this community as a mirror of the social order 'reality'. Is it the performance and the constant simulation that keeps us stimulated and addicted or is it the reflection of the real onto our screens. This made me think of a need of a perfect identity, of a human need to showcase only that which is best and acceptable. So, then is Facebook feeding into our narcissism?

Facebook now decides what the vital statistics of my personality are, what is important to share and what aspects can be ignored. The personality traits, likes, dislikes can even be manipulated

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to create who I want to be, rather than who I am. And then I guard my wall, my friend lists, my comments etc. to live up to the identity that I have created online.

People are beginning to realise that something is amiss and are beginning to think more about their needs and fantasies, wants and disappointments with their online identities. In humour, in satire, in parody, we often convey that which we are unable to formulate or admit to. During the course of this research I came across numerous such videos and texts that made fun of the constant connection and the ‘friendships’ that Facebook has to offer.

At the same time Facebook opens up avenues to compare your life with the way other’s has turned out. One can stalk the achievers and popular people from their past and compare their lives with them to nitty gritty out aspects that would salvage a sense of achievement in one self. In real life, if you were to meet an acquaintance and discover their unhappy life, would you still gloat as much on your own small victories as opposed to them? In fact, how would such an encounter even be available to you without facebook? Does Facebook then turn us into objects that can be judged and compared against? It is feeding into my voyeurism and scarily enough knows what ticks me.

A blogger recently proclaimed how Facebook shall be the end of volition as we know it, because it will begin to read people so well such that it will give people better life choices than people can present themselves with.

Even as I write this and if you are reading this on a computer the chances of a Facebook window open in the background or a notification reaching your phone or computer device of any kind is very high. Every major website now has affiliations with Facebook to use its userbase or help user connect to that website through Facebook. It’s almost like the internet’s new face is Facebook, but also it permeates beyond, reaches our lives and changes us.

We all know how the definition of the word “friend” has been challenged by social media. Our circles have grown to include everyone from best buddies to co-workers, to kindergarten classmates and friends of friends of friends, to strangers. Connecting with this vast online community can topple our sense of self, according to *Malkin*. He says many 20-somethings are telling him and his colleagues that they actually “hate” Facebook — even though they’re on it a lot. When people go on to Facebook they’re often crafting a persona — they’re portraying themselves at their happiest. They’re often choosing events that feel best to them and they’re leaving out other things.”

You can literally airbrush your pictures online for free. I know about it and, I’ve done this too. You upload your picture and you can take out all your little pimples and stuff to make it look like your skin is perfect, your hair is perfect. These picture-perfect images can be especially difficult for teenagers to grapple with because they’re often hyper-conscious of measuring up to their peers. It’s a tender and critical stage in life — a time for forming an understanding of who you are. It affects an individual deeply because part of the way we develop a strong sense of self and

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identity is by being known and known by others — appreciated. They see who we are, and they value who we are, including our flaws.

I have seen and heard many people insisting that Facebook is just another website we are on, that there really isn't much going on behind the behaviour patterns we display online, that nothing much has changed about our interactions and communication patterns with friends. Facebook seems to have tapped into some needs of ours that we are either not fully aware of or are unwilling to explore further.

The textual nature of all conversation and excited Status shuffle, when someone writes their thoughts down, is more often than not that the articulation of the kind that has allowed for a more formulated thought and so I love these little updates about people whom I know, as if catching fleeting thoughts. So the moment you log onto facebook, it makes available in the news feed, so much of new data, information, thoughts, ideas, pictures, questions, that to one who is not used to the page, it is a mysterious array, a kaleidoscopic view of scattered ideas.

The peculiar dynamism that media seems to bring to human beings is long since being documented. However subtle or obviously man has evolved with media has been a topic of discussion for long. Since the printing press, the evolution of media and man with it has been rapid. More connectivity and now constant online communication has changed interactions and relationships and in changing the nature of these, in changing the other it has of course changed the self. As one tries to catch up in this fast paced change in technology and reach an understanding of the man as he stood in that split second before the scenario changes again, we can only realise that this is not going to stop but that should not stop our efforts at catching up.

There has been a substantial amount of work done on the media changing man in the past and the present, but for the purposes of the research and in keeping with how I am to arrive at the present only to note that it has become the past, I shall primarily focus the review of literature onto those texts only which highlight the change that has been brought out with the internet and in particular social networking. Also in order to build a base to what I have to say now, I shall review some other texts which are a window unto this work and have emerged from the theoretical background I am comfortable with hence, it is imperative I introduce them to the reader.

Sherry Turkle writes, “Technology proposes itself as the architect of our intimacies. It suggests substitutions that put the real on the run.”⁷ Technology has begun catering to our needs of intimacies with just the right amount of contact, i.e. it allows for us to communicate via text, email and networking websites at our own time and convenience whereas telephonic conversations take real-time time and in this fast paced world that is too much to ask for. Also it solves another purpose of keeping things direct, simple and at bay, because one does not indulge in social intricate etiquettes etc. on text, or as she writes, “We are lonely but fearful of intimacy. Technology offers friction free relationships that you can have without leaving your desk. it ties us up in its promise to free us. Thus, even when we are not at work, the experience is that of always of being always on call.

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Robert Jay Lifton writes In his essay, 'Protean Man' that, "one encounters in protean man what I would call strong ideological hunger. He is starved for ideas and feelings that can give coherence to his world, but here too his taste is for new combinations. While he is by no means without yearning for the absolute, what he finds most acceptable are images of a more fragmentary nature than those of the ideologies of the past; and these images, although limited and often fleeting, can have great influence upon his psychological life." The internet was a revolution for the protean man's psychological life then, for now the speed he craves can be satiated and his need for this constant exploration and experiment can be met by creating different identities online.

Winnicott in 'The capacity to be alone', also wrote, "The pathological alternative is a false life built in reactions to external stimuli." ⁴ Facebook is the 'external stimuli' most of us keep reacting to nowadays. Writer, poet K.T. Jong is quoted often as having said, "It is only when we silent the blaring sounds of our daily existence that we can finally hear the whispers of truth that life reveals to us, as it stands knocking on the doorsteps of our hearts."

Journalist Jose Vargas in 2010, Zuckerberg said the following: "Most of the information that we care about is things that are in our heads, right? Think about what we're doing when we use Facebook. We're creating digital versions of our relationships, activities, even our identities. We're turning parts of our lives into code." But its doing more, its changing how we see things, when we are on facebook we experience a sort of blurring of differences, boundaries and hierarchies that are applicable in the outside world.

Craig Malkin, Belmont-based clinical psychologist, finds that one in three respondents felt more dissatisfied with their own lives after spending time on the site. Viewing the number of birthday greetings and "likes" were big culprits. Unprecedented access to other people's photos also triggered emotional pain and resentment.

Photo tagging is another way in which people allow for play with traits and characteristics on facebook. A lot of quizzes in fact, on facebook itself, invite people to view what kind of a 'facebook personality' they are. But it is exploiting the idea that people are always seeking newer ways of seeing themselves, one always likes to read about an interpretation that is made about them.

Vladimir Rinskii in 'The influence of the internet on active social involvement and the formation and development of identities' (Russian education and society, Vol-52, No.8, August 2010, PP. 11-33) does and interplay of classical psychoanalytic understanding of identity and identity as its viewed on the internet to comment on the changing structure of individual and social identity formation.

He starts off by explaining the basics of identity formation via Freud and ties that up with the promise that the internet provides and the avenues that are made available to initiate uses for identity exploration.

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The internet today according to him serves the need of belongingness of an individual where in the individual has a sense of his own self by way of his social interactions with others. A failure to find an identity reflection would have led to rage and unconscious aggression but because of the large user database of the internet, no one is subjected to that. He uses the philosophical conceptions of structurism and post modernism about written text as a reliable means to register human consciousness. Thereby providing the idea of today's 'inter text', which is a series of quotations cut and paste together to form a new meaning. With no author to claim the meaning and numerous readers to provide new meaning to the text, a fluidity of form is seen in the text which he equates with the dynamic consciousness of modern man.

"The most important thing that is disappearing is the difference between what is real and what is imagined." Rinsky, who is from the sociology department at The Information Science for Democracy Foundation or INDEM foundation, writes about the shared activities of online selves even as offline selves don't interact. The virtual environment impacts the meaning making behind the messages shared. However, social characteristics remain intact to that each individual still formulates an identity, a membership of the group, and accepts its values and his role in the group. An ill formed identity shall be rejected even in such groups.

I turned to **Erik H. Erikson's** own writing on '**Adolescence**' in his book '**Identity Youth and crisis**' (W. Norton and company, 1968).

He describes the identity crisis during adolescence as the search for a moratorium or the state of actively exploring different identities, but not making a commitment. "beset with the physiological revolution of their genital maturation and the uncertainty of the adult roles ahead, (they) seem much concerned with faddish attempts at establishing an adolescent subculture with what looks like a final rather than a transitory, or in fact, an initial identity formation. They are often morbidly preoccupies with what they appear to be in the eyes of others," he wrote.

He writes about the rush of volition every adolescent craves to feel and the way this is played out is often in occupational choices. They play with free will and rebel so as to tow the line and test the limits of their own selves more than take liberties. This is also that phase in life where he suggest, past conflicts are resolved to create a more stable adult future and dependant on the level of freedom one is given, adolescents are able to find a way of 'self therapy'.

Erikson writes of the peculiarity of love at this stage as conversational and less to do with sex, the lover is more of a partner who can be mirrored, idealised or devalued, but mostly someone to bounce off your ideologies as the adolescent rapidly takes up and abandons several. We must be careful not to pathologise too quickly the adolescent journey, Erikson also talks about this nature as carried forward into adulthood by people with a creative bend of mind as they produce art and constantly experiment.

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Dr Himanshu Tyagi, a psychiatrist at West London Mental Health Trust, said that, "It's a world where everything moves fast and changes all the time, where relationships are quickly disposed at the click of a mouse, where you can delete your profile if you don't like it and swap an unacceptable identity in the blink of an eye for one that is more acceptable. 'If you can't see the person's expression or body language or hear the subtle changes in their voice, it shapes your perceptions of the interaction differently,' Dr Tyagi said, "A session in front of the computer was also likely to create an altered perception, a dream-like state, an unnatural blending of their mind with the other person - something that rarely happens in real life. The new generation raised alongside internet is attaching an entirely different meaning to friendship and relations, something we are largely failing to notice. It may be quite different for teens and children who cannot imagine a world where you can't go online to talk and apply the same principles to real-world interpersonal communications, mostly to a dysfunctional outcome."

People with lower self-esteem tend to be much more concerned with what others post about them on Facebook, while users with higher self-esteem spend more effort on adding information to their personal profiles on the social network, said Sundar, Distinguished Professor of Communications and co-director of the Media Effects Research Laboratory, Penn State. People with both high and low self-esteem spend time crafting their online personas on Facebook, but choose different paths in that construction. Individuals with higher self-esteem have a greater sense of agency and spend more time adding information about their family, education and work experience to their profiles.

A study conducted by The University of Gothenburg in Sweden surveyed 335 men and 676 women (average age 32) to help determine the link between self-esteem and Facebook usage. A significant negative relationship between the two was uncovered (as Facebook interaction increased, self-esteem decreased), though the main difference was between genders. Women who used Facebook were apt to feel less happy and content with their lives.

A 2009 study published in the journal *Cyberpsychology, Behavior and Social Networking* looked at 63 Cornell students who were divided into three groups in a social media lab. One group sat at computers that depicted their Facebook profiles, another group sat at computers that were turned off, and the last group sat at turned-off computers with mirrors propped up next to them. Students with the computers logged onto Facebook were allowed to spend three minutes exploring and editing their profiles. After three minutes, all participants were given a questionnaire that measured self-esteem using the Rosenberg Self-Esteem scale. When researchers compared the group with a mirror and no Facebook access to the group with no Facebook access or a mirror, no elevation in self-esteem was reported. However, a drastic rise in self-esteem was found in the group that spent time on Facebook; those who also edited their profiles had the highest self-esteem in the entire study.

In order to evaluate the effect social media on mental health one must first understand which mental health concerns and disorders are being attributed to Facebook usage. Bipolar disorder is characterized by mood swings that go from periods of depression to highs of mania. There has

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been some research that has indicated many confirmatory connections between activities on Facebook and symptoms of depression. (Rosen 2013) An example of this can be found in the some Facebook actions such as making negative comments about posts or pictures can cause negative feelings, as can “unfriending”. Unfriending is the action taken when someone chooses to no longer be connected to another person on Facebook. This action, according to Bevean, Pfyl, and Barclay (2012), is shown to be very strongly related to negative emotional responses. It can be similar to losing a friend in the offline world.

Twenge and Campbell (2009) discuss what they call a narcissism epidemic and document its escalation over the past twenty years. This escalation is by some attributed to the new forms of technology that exist, especially social networking sites, the most popular of which is Facebook. When the activities in which a person takes part on Facebook are examined one can really see the connection between narcissism and social media sites. Facebook users for example post status updates, and pictures of their lives seeking comments or “likes” from their Facebook “friends”, and they too comment and like those friends’ statuses. Buffardi and Campbell (2008) are at the forefront of research linking the narcissistic personality disorder and Facebook usage.

According to Valkenburg, Peter, and Schouten (2006) the frequency with which adolescents use the social networking sites influences their social self esteem and well being. It can have a positive impact on their social self esteem, but more commonly it has a negative impact. (Gangadharbatla,2008) Facebook creates an atmosphere which breeds collective self esteem. There is a fear that collective self esteem is related to social networking sites which can negatively affect youth.

In an article 'Facebook Generation' Faces Identity Crisis (medical news today.com), the correspondent writes, ‘A generation of Internet users who have never known a world where you can't surf on-line may be growing up with a different and potentially dangerous view of the world and their own identity, according to a warning delivered to the Annual Meeting of the Royal College of Psychiatrists.

CONCLUSION

The media is rapidly evolving and I have always found it interesting to watch how it changes society. Why I chose to study facebook was because not only was it the most hyped, the most recent technological tool of communication but also it's form is that of convergence of audio, video, textual, public, private etc and it provides platform for any kind of conversation (except oral or face to face) to occur.

A hugely popular Youtube video by the name of ‘facebook song’ showcases through song the reasons for such an addiction as the control it provides over interactions. The lyrics are as follows,

“There’s not much that separates me, from the other guy. But when I log in, I begin to live. There’s an online world, where I am king. Of a little website dedicated to me.

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Facebook, I am hooked. I am hooked to facebook.
If the internet crashed, all across the land. Or my account was deleted by demand.
I'd carry around a picture of my face, And a summary of me typed out on a page.
It's more than I want, It's more than I need, I'd shrivel up and die, Without my many feet.
Facebook, I am hooked. I am hooked to facebook.”

Winston Churchill had once said, “we shape our buildings and then they shape us” similarly, today we can say, We make our technologies and then they make us. So of every technology we must ask, does it serve our human purpose and keep that purpose as primary. Facebook gives us too much too soon but it is allowing us access to us, it is a tool. It is asinine as you make it.

Thus, the sense of satisfaction that comes along the internet indulgences feeds a negative cycle where more time spent online means less real social contact and less physical activity, increasing the vulnerability to psychological disorders. Hence, overuse of internet can genuinely restrain an individual from experiences in life, their academic/professional performance, and social and psychological well being. Since this is a social web, therefore safety here depends a great deal on the way we behave towards one another.

Deleting a Facebook account is no small feat either. As soon as you muster up enough courage to leave behind all the friends and the online life you have cultivated for yourself for no matter how much time, facebook makes it difficult for you to leave. As you select the delete account option, it immediately launches into question mode, it first asks “are you sure” then asks you to specify why and gives a range of options, if you select any option it gives you possible solutions. For example, it would ask, “

Reason for leaving (Required):

- ☐ I don't feel safe on Facebook.
- ☐ I get too many emails, invitations, and requests from Facebook.
- ☐ I don't find Facebook useful.
- ☐ I have a privacy concern.
- ☐ I spend too much time using Facebook.
- ☐ I don't understand how to use Facebook.
- ☐ My account was hacked.
- ☐ This is temporary. I'll be back.
- ☐ I have another Facebook account.
- ☐ Other

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Please specify And for any of these responses, it redirects you to a page that gives possible security related or other solutions. It also posts the pictures of your closest friends on that page with captions like, 'XYZ will miss you', 'send a message to XYZ'.

The media is rapidly evolving and I have always found it interesting to watch how it changes society. Why I chose to study facebook was because not only was it the most hyped, the most recent technological tool of communication but also it's form is that of convergence of audio, video, textual, public, private etc and it provides platform for any kind of conversation (except oral or face to face) to occur.

Facebook has become an efficient tool in this form of identity exploration in which users actively engage in the social discourse of instant validation (i.e.publishing one's image in hopes of receiving instant and positive feedback). While instant validation can occur both online and offline, it is important to explore whether Facebook has changed the way people engage in that behaviour.

An online identity is anything and everything we want it to be. By viewing our own profile we see what others see and begin to compare our self-image to that which we see. Then we can change the profile to match our self-image more clearly. The profile changes, but we do not. Or do we? Does self-realization occur when we view our life through another's perspective? And does that realization cause us to change attributes of our real identity? Or does it simply cause us to make false statements on our profile in order to allow ourselves to remain as we are? Is the profile real? Does the profile become us? Or do we become the profile? The answer is both. We change aspects of our profile and identity in order to create a new self. But the window for viewing is limited. Our personal information is limited to: sex, relationship status, sexual preference, political and religious views, activities, interests, favorite music, favorite TV shows, favorite movies, favorite books, favorite quotations, education, and work. Personality is beginning to be defined by the set of information that exists on our profile, which we use to judge a person based on a wide variety of aspects.

First impressions are now different when taken from Facebook. Facebook is now an artifact that represents our personalities, replacing such artifacts as diaries and journals, which were used to record people's personality before the internet and online profiles. Diaries and journals are a personal and unedited view into a private world. Facebook profiles are public and editable. Therefore, they often offer a skewed view of who we are. Due to Facebook's nature the content is easily changed and we can change to match it.

It is evolving with us, first, the focus of the application experience has shifted from user profiles to user activity. Users can now express themselves in many ways other than textual self-description. They can write status updates, short notes or blog entries, post links, photos, videos, etc. The landing page for the site displays a news feed with all your friends recent activity where you can comment and respond directly. In this way, users can have lots of conversations and interactions without ever navigating to someone's profile page. On the profile page itself, the self-descriptive information has been replaced with a news feed of that user's activity. In short, the means of self-presentation on Facebook is shifting from that of static representation to more dynamic, contextual action.

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But the danger is when people start to look at the website as more than just an extension of life. A lot of people have started using the word addiction with facebook. its addictive games, posts les people spend hours online without getting to know how time passed. They build up their online lives with such care and precision that their offline lives begin to suffer. People are lonely, the network is seductive. But if we are always on, we may deny ourselves the reward of solitude.

Winston Churchill had once said, “we shape our buildings and then they shape us” similarly, today we can say, We make our technologies and then they make us. So of every technology we must ask Does it serve our human purpose and keep that purpose as primary. Facebook gives us too much too soon but it is allowing us access to us, it is a tool. It is as asinine as you make it.

What is truly remarkable to me during the process of this research was the unexpected inward journey I began to take which brought new depths to my knowledge and if this isn't a marker of just how much facebook has begun to change us and bring about the opportunity of a look at the self, then I don't know what is.

We are delving deeper and deeper into a technological realm, with no understanding of what it is doing to us. Thus the scope for further studies is immense and the field of psychology also needs to take notice of such areas of study because the generation growing up ‘tethered’ right now is going to bring with it understandings and dissatisfactions from this realm and in order to fully embrace the human experience, psychology must keep up with technology.

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Effect of Psychological well being, Death Anxiety and Depression On curable & Incurable Disease Patients

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ABSTRACT:

The present study has been designed to investigate the difference of psychological well-being, death anxiety, depression between incurable and curable diseases patients. The study was conducted over a sample of eighty patients both incurable diseases patients and curable diseases patients. All participants were administered the psychological well-being scale, death anxiety scale and depression scale. Data was analyzed using t-test. The results reported that exists a statistically significant difference in psychological well-being between incurable and curable diseases patients. As regarding the death anxiety in curable diseases patients was not different significantly from that of patients with incurable diseases. Significant difference is also observed between incurable diseases and curable diseases patients as regarding to their level of depression.

Keywords: Diseases, patients, curable diseases, incurable diseases, death anxiety, depression, psychological well-being.

An incurable disease affects population worldwide. Incurable disease is also major cause of premature death, around the world. Patients with incurable diseases suffer in many aspects of their lives, including pain and other troubling physical symptoms psychological turmoil as well as existential distress

Mental and physical health and well-being interact and affected by a wide range of influences throughout life. The link between physical and mental health are clear. There are shared risk factors for illness regularly presents with both psychological and physical symptoms and being physical ill particularly on a chronic basis, often has an impact on mental health and psychological well-being. Some studies have been conducted on the relationship between negative emotions and depression, lifestyle, life expectancy with incurably sick people.

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Depression and anxiety have both been individually associated with a higher risk of developing cardiovascular disease and in patients with these diseases (they are) associated with higher risk of recurrent cardiovascular events and death. Previous studies found that depression is associated with certain risk factors of metabolic syndrome, such as hyperlipidemia, obesity etc. Depression is not only a risk factor for cardiovascular disease but is also a strong predictor of mortality in patients with manifest ischemic heart disease (Ford et. al.1998). Many people with incurable diseases become depression. In fact depression is one of the most common complications of incurable diseases.

Incurable diseases are related to life style, choices and unhealthy behaviors. Patients react in a wide range of ways when dealing with anxiety about death. Heart disease and depression are commonly co morbid (Rudisch and Nemeroff 2003). Evidence from prospective healthy cohort studies had reinforced earlier concisions that anxiety and depression is associated with an increased risk of all cause mortality, (Takeshita et – al 2002, Wassertheil –Smoller et. al. 2004, Wusin et. al. 2005). According to maddi (1980) death anxiety arises not only by actual confrontations with death but also from experiences of unvented endings limitations of time energy or disproved ideals that threaten the reining of life. Jogsan (2002)found significant difference between healthy person and incurable diseases patients. A 2009 study of patients with severe chronic obstructive pulmonary disease found that 22percent of the participants had at least mild depression, defined as a score of 14 or more on the widely used Beck depression inventory seventeen percent were taking antidepressants determinant of health related quality of life. Mehnert and Koch (2011) found that death acceptance and psychological stresses fighting style and life quality have an impact on health. Some studies have been conducted to compare death attitude among patients with different diseases. Most of incurable disease patients would experience more sever mental problems such as depression, anxiety, stress, frustration etc. Incurable discuses are often associated with a great deal of psychological distress, depression, anxiety and affecting quality of life as well as well being. Therefore the aim of the present research was to investigated the effects of psychological well – being, death anxiety, depression in incurable and curable disease patients.

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AIM AND OBJECTIVES:

The main purpose of the present research was to find out the difference of psychological well being, death anxiety and depression between incurable and curable diseases patients. Some of the major objectives were framed to study the problem.

- To investigate the psychological well being between incurable and curable diseases Patients.
- To investigate the death anxiety between incurable and curable diseases patients.
- To investigate the depression between incurable and curable diseases patients.

HYPOTHESES:

Keeping view the objectives of the present study following null hypotheses framed for the present research.

- There will not be any significant difference between incurable and curable diseases patients for their score of psychological well being.
- There will not be any significant difference between incurable and curable diseases patients for their score of death anxiety.
- There will not be any significant difference between incurable and curable diseases patients for their score of depression.

METHODOLOGY:

In the present study achieve the above cited objectives, survey method was conducted by the researcher to collect relevant data regarding the present research.

Participants : The participants of the present research shall be 100 subjects, total 140 data fill up from different areas as well as hospitals of (Rajkot city) in which randomly selected eighty data. However patients group represented different areas of Rajkot city. Sample were selected through purposive sampling technique out of which 40 incurable disease patients and 40 curable disease patients (age range 25 to 60) patients were identified as per clinical details and diagnosis. The sample was consisting of only male patients.

Instruments: The following standardized tools were used for the present research.

To measure psychological well being of subjects, the psychological well-being scale by Sudha Bhogle was used. The reliability of the test is 0.81 and validity is high. To measure death

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anxiety, Death Anxiety Scale by Thakur was used. The reliability of the test is 0.86 and validity is 0.75. To measure depression Beck Depression Inventory (B D I) was used. The test retest reliability for B D I is 0.80 and Validity 0.66.

Procedure: The present research conducted on 80 patients both incurable disease and curable disease. All the respondents voluntarily participated in the present research. After establishing rapport with the participants the questionnaires were administered (their convenient times) with the necessary instruction and data was collected. All the participants were assured that their responses could be kept confidential. After the compilation of the whole information was statistically analyzed.

Statistical Analysis: The researcher put the data edited and coded together in a carefully designed table for statistical analysis t-test was applied to see the significance of the difference between incurable diseases patients and curable diseases patients. On the basis of their psychological well being, death anxiety, depression scores.

RESULT AND DISCUSSION:

The main purpose of the present research was to find out the difference of psychological well-being, death anxiety and depression between incurable and curable diseases patients. The research findings are based on the responses of eighty incurable and curable diseases patients. T-test were conducted to examine the differences in psychological well-being between incurable and curable diseases patients. The first hypothesis "There will not be any significant difference between incurable and curable diseases patients for their score of psychological well-being." Table -1 gives the descriptive statistics for each of two groups on psychological well-being (as defined by incurable and curable diseases patients). This t-test revealed statistically significant difference between the mean number of two comparative groups, where group-1 has ($M=21.89$) and group-2 has ($M=19.93$). From Table-1 reveal that there is significant difference in the mean score of psychological well-being of comparative groups as the t-value (4.4) is found to be significant at 0.01 level. The difference in the psychological well-being of incurable and curable diseases patients is statistically significant hence the null hypothesis is rejected, and it clearly indicates that the curable diseases patients had better psychological well-being as compared to incurable diseases patients. $H_0 - 2$ There will not be any significant difference between incurable and curable diseases patients for their score of death anxiety. In table - 2 the result of t-test revealed statistically no significant difference between the mean number of two groups where group-1 has ($M=70.64$) and the group -2 has ($M=68.70$) the t-value of t-test 0.21 is found to be statistically no significant. It is clear to accept null hypothesis. It means although

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there is no significant difference in death anxiety of incurable and curable diseases patients. Ho-3 “There will not be any significant difference between incurable and curable diseases patients for their score of depression.” To assess this hypothesis, t-test was used. The difference in the level of depression of incurable and curable diseases patients showed from Table -3. Comparison of mean scores between two groups showed that group-1 has (M= 27.83) and group-2 has (22.17). The result of t-test applied between the mean scores of depression of comparative groups indicates that they differ statistically significant as the t-value of t-test is (2.11). Hence the null hypothesis also rejected and it is found that the depression level of incurable diseases patients is high than the curable diseases patients.

Table – 1 Showing results of t – value of psychological well being of two comparative Groups of patients

Patients	No.	Mean	S.D.	t-value	Sig.
Incurable Diseases	40	21.89	1.91	4.4	0.01
Curable Diseases	40	19.93	2.05		

Table – 2 Showing results of t –value of death anxiety of two comparative groups of patients

Patients	No.	Mean	S.D.	t-value	Sig.
Incurable Diseases	40	70.64	42.6	0.21	N S
Curable Diseases	40	68.70	40.5		

Table – 3 Showing results of t –value of depression of two comparative groups of patients

Patients	No.	Mean	S.D.	t-value	Sig.
Incurable Diseases	40	27.83	12.7	2.11	0.05
Curable Diseases	40	22.17	11.3		

CONCLUSION :

The main purpose of the present study was to investigated the difference of psychological well-being, death anxiety, depression between incurable and curable diseases patients. After analysis and interpretation the following conclusions were drawn.

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- The psychological well- being of curable diseases patients is significantly better than incurable diseases patients.
- As regarding the death anxiety, in curable diseases patients was not statistically significant different from that of patients of incurable diseases.
- The findings concluded that significant difference also observed between incurable and curable diseases patients regarding their score of depression.

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Personality Disorders Psychiatric and Psychotherapeutic Practices

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ABSTRACT:

Personality disorder is a common and chronic disorder. Its prevalence is estimated between 10 and 20 percent in the general population, this means that at least one in every five to ten individuals in the community has personality disorder. In general, personality disorders are diagnosed in 40–60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses. Personality disorders are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture.

There are many different forms (modalities) of treatment used for personality disorders: Individual psychotherapy has been a mainstay of treatment. There are long-term and short-term (brief) forms; Family therapy including couples therapy; Group therapy for personality dysfunction is probably the second most used; Psychological-education may be used as an addition; Self-help groups may provide resources for personality disorders; Psychiatric medications for treating symptoms of personality dysfunction or co-occurring conditions; Milieu therapy, a kind of group-based residential approach, has a history of use in treating personality disorders, including therapeutic communities.

Keywords: *Personality disorder, Prevalence, Long and short term psychotherapeutic intervention.*

Personality disorders are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture. These patterns develop early, are inflexible and are associated with significant distress or disability (American Psychological Association, 2006). -

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-Personality disorders are defined by experiences and behaviors that differ from societal norms and expectations. Those diagnosed with a personality disorder may experience difficulties in cognition, emotiveness, interpersonal functioning or control of impulses. Personality disorder is a common and chronic disorder. Its prevalence is estimated between 10 and 20 percent in the general population, this means that at least one in every five to ten individuals in the community has personality disorder. In general, personality disorders are diagnosed in 40–60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses [Sab, 2001]. The increased clinical recognition of personality disorder probably reflects its increased presence in the general population. Personality disorder is also a predisposing factor for other psychiatric disorders, possible explanation for the increased interest in personality disorder is its position somewhere in between minor and major psychiatric problems (e.g., adjustment disorder vs. schizophrenia), which makes it interesting to a wide variety of experts and schools, ranging from purely sociodynamic to purely biological. There are numerous possible causes of mental disorders. Genetic dispositions as well as particular life experiences, which may or may not include particular incidents of trauma or abuse. Child abuse and neglect consistently evidence themselves as antecedent risks to the development of personality disorders in adulthood [Cohen, Brown, & Smailes, 2001].

Accordingly, diagnosis and treatment of any psychiatric patient, as well as patients with psychosocial problems, and prevention planning in many medical syndromes are inadequate without a systematic approach to assessing and classifying personality. Finally, the development of psychiatry as a whole has generated an increased interest in personality disorder.

CLASSIFICATION OF PERSONALITY DISORDERS

The leading classifications of personality disorder are the International Classification of Diseases (ICD) of the World Health Organization and the DSM of the American Psychiatric Association. DSM-IV-TR defines personality disorders as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. The pattern is manifested in two (or more) of the following areas:

- cognition (i.e., ways of perceiving and interpreting self, other people, and events)
- affectivity (i.e., the range, intensity, liability and appropriateness of emotional response)
- interpersonal functioning
- impulse control

The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood. It is inflexible and pervasive across a broad range of personal and social situations and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Personality disorder subtypes classified in DSM-IV-TR are: schizotypal, schizoid, and paranoid (Cluster A); narcissistic, borderline, antisocial, and histrionic (Cluster B); and obsessive-compulsive, dependent, and avoidant (Cluster C).

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The ICD-10 section on mental and behavioral disorders includes categories of personality disorder and enduring personality changes. They are defined as ingrained patterns indicated by inflexible and disabling responses that significantly differ from how the average person in the culture perceives, thinks and feels, particularly in relating to others [WHO, 2010].

The specific personality disorders are: paranoid, schizoid, dissocial, and emotionally unstable (borderline type and impulsive type), histrionic, anankastic, anxious (avoidant) and dependent [ICD-10, 2010].

1) PARANOID PERSONALITY DISORDER:

The hallmarks of paranoid personality disorder are excessive suspiciousness and distrust of others expressed as a pervasive tendency to interpret actions of others as deliberately demeaning, malevolent, threatening, exploiting, or deceiving.

Incidence and prevalence: Prevalence rates of 0.5 to 2.5 percent in the general population, 10 to 30 percent for psychiatric inpatients, and 2 to 10 percent for psychiatric outpatients are reported in DSM-IV-TR. this disorder is more commonly diagnosed in men.

Familial pattern and genetics: Some studies have demonstrated increased prevalence of this personality disorder among relatives of probands with chronic schizophrenia and delusional disorder, paranoid type.

Causes – Specific psychopathology: Increased use of projection, lack basic self confidence

Co morbidity: (OCD), agoraphobia, and substance abuse or dependence. The most common co-occurring personality disorders These patients are at increased risk for major depression, obsessive-compulsive disorder are schizotypal, schizoid, narcissistic, avoidant, and borderline.

Paranoid personality disorder has been postulated to be a premorbid antecedent of delusional disorder, paranoid type.

Impairment: Impairment is frequently only mild and typically includes occupational and social difficulties

Complications: Complications include brief reactive psychosis, particularly in response to stress.

Intervention strategies: Psychotherapy is the treatment of choice. Therapists should be straightforward in dealings with these patients. Clinicians' overzealous use of interpretation—especially interpretation about deep feelings of dependence, sexual concerns, and wishes for intimacy—increases patients' mistrust significantly. Paranoid patients usually do not do well in group psychotherapy, Delusional accusations must be dealt with realistically but gently and without humiliating patients.

2) SCHIZOID PERSONALITY DISORDER:

The hallmarks of schizoid personality disorder are a pervasive pattern of social detachment and a restricted range of expressed emotions in interpersonal settings beginning by early adulthood

Incidence and prevalence: Prevalence rates varying from uncommon (DSM-IV-TR) to 7.5 percent in the general population. According to DSM-IV-TR, this disorder is more commonly diagnosed in men and may cause more impairment in them.

Familial pattern and genetics: An increased prevalence among the relatives of probands with schizophrenia or schizotypal personality disorder has been reported.

Causes – Specific psychopathology: Increased use of withdrawal, increased fantasy

Comorbidity: This personality disorder sometimes appears as the premorbid antecedent of delusional disorder, schizophrenia, or, rarely, major depression. The most common cooccurring personality disorders are paranoid, schizotypal, and avoidant

Impairment: Impairment includes frequently severe problems in social relations. Occupational problems develop when interpersonal involvement is required; solitary work sometimes favorably affects overall performance

Complications: Complications include very brief reactive psychosis, particularly in response to stress.

Intervention strategies: The treatment of patients with schizoid personality disorder is similar to that of those with paranoid personality disorder.. As trust develops, schizoid patients may, with great trepidation, reveal a plethora of fantasies, imaginary friends, and fears of unbearable dependence—even of merging with the therapist.

In group therapy settings, patients with schizoid personality disorder may be silent for long periods. The patients should be protected against aggressive attack by group members.

3) SCHIZOTYPAL PERSONALITY DISORDER:

Schizotypal personality disorder is characterized by social and interpersonal deficits as indicated by pervasive discomfort with reduced capacity for close relationships, as well as cognitive and perceptual distortions and eccentric behavior (not severe enough to meet criteria for schizophrenia).

Incidence and prevalence: A prevalence rate of 3 percent in the general population is reported in DSM-IV-TR. earlier reports suggested a range between 2 and 6 percent. The sex ratio is unknown; this disorder is frequently diagnosed in women with fragile X syndrome.

Familial pattern and genetics: There is an increased prevalence of this personality disorder among the first-degree relatives of probands with schizophrenia. Also, there is an increased prevalence of schizophrenia and other psychoses in the relatives of probands with schizotypal personality disorder. The disorder itself tends to aggregate in families (DSM-IV-TR).

Causes – Specific psychopathology: Close to schizoid spectrum disorder.

Comorbidity: More than one-half of these patients have had at least one episode of major depression, and 30 to 50 percent have major depression concurrent with this personality disorder. The most common cooccurring personality disorders are schizoid, paranoid, avoidant, and borderline.

Impairment: Impairment typically includes occupational and social difficulties.

Complications: Complications include transient psychotic episodes, particularly in response to stress. Symptoms sometimes become so significant that they meet criteria for schizophreniform disorder, delusional disorder, and brief psychotic disorder.

Intervention strategies: clinicians must deal sensitively with the patient. These patients have peculiar patterns of thinking, and some are involved in cults, strange religious practices, and the occult. Therapist must not ridicule such activities or be judgmental about these beliefs or activities.

Cluster B Personality Disorders

4) ANTISOCIAL PERSONALITY DISORDER:

The hallmarks of antisocial personality disorder are pervasive disregard for and violation of rights of others occurring since 15 years of age and continuing into adulthood. A person has to be 18 years of age or older, and there has to be evidence of conduct disorder before 15 years of age (conduct disorder involves a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social rules are violated; the examples include aggression to people or animals, or both; destruction of property; deceitfulness or theft; and serious violation of rules).

Incidence and prevalence: Prevalence rates of 3 percent for men and 1 percent for women in the general population and 3 to 30 percent in clinical settings, with even higher rates for forensic samples and substance abusers, have been reported. A high frequency of antisocial personality disorder is associated with low socioeconomic status and urban settings. According to DSM-IV-TR, this disorder is more commonly (by a ratio of 3 to 1) diagnosed in men.

Familial pattern and genetics: Antisocial personality disorder is more frequent among the first-degree biological relatives of probands with this disorder. Biological relatives of women with antisocial personality disorder are at increased risk for the same disorder compared to biological relatives of men with antisocial personality disorder. Genetic studies have suggested familial transmission of antisocial personality disorder, substance use, and somatization disorder, the former two being characteristic of men, and the latter being characteristic of women in the same family. Adoption studies have shown that genetic and environmental factors contribute to the risk for this disorder. Adopted and biological children of parents with antisocial personality disorder are at increased risk for this disorder.

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Causes – Specific psychopathology: social disintegration, acting out, absence of guilt, manipulative, poor superego, and novelty increased seeking

Comorbidity: These patients are at increased risk for impulse control disorders, major depression, substance abuse or dependence, pathological gambling, anxiety disorders, and somatization disorder. The most common cooccurring personality disorders are narcissistic, borderline, and histrionic

Impairment: Impairment is extremely variable and typically includes social difficulties

Course: After 30 years of age, the most flagrant antisocial behaviors (promiscuity and crime) and the less severe behaviors and substance use tend to decrease.

Complications: Complications include dysphoria, tension, low tolerance for boredom, depressed mood, and premature, violent death.

5) NARCISSISTIC PERSONALITY DISORDER:

The hallmarks of narcissistic personality disorder are a pervasive sense of grandiosity (in fantasy or in behavior), a need for admiration, a lack of empathy, and chronic, intense envy

Incidence and prevalence: Prevalence rates of 2 to 16 percent in the clinical population and less than 1 percent in the general population are reported in DSM-IV-TR. According to DSM-IV-TR, this disorder is more commonly diagnosed in men (50 to 75 percent of diagnosed cases are men).

Familial pattern and genetics: There may be a higher risk for this personality disorder in the offspring of narcissistic parents who impart on their children an unrealistic sense of grandiosity. In addition, most narcissistic persons are realistically talented, beautiful, or highly intelligent, as these features serve as the nucleus around which the sense of specialness is further organized.

Causes – Specific psychopathology: Excess investment of libidinal energy in ‘self’ because of severe frustration with early object .Pathological grandiose self which hides a diffuse and aimless inner identity, self hatred lies at the core rather than self lone

Comorbidity: These patients are at increased risk for major depression and substance abuse or dependence (especially cocaine use). The most common cooccurring personality disorders are borderline, antisocial, histrionic, and paranoid.

Impairment: Impairment is frequently severe and typically includes marital problems and interpersonal relationships in general.

Course: The course is chronic. However, narcissistic symptoms tend to diminish after 40 years of age, when pessimism usually develops.

Complications: Complications include social withdrawal, depressed mood, dysthymic or major depressive disorder in reaction to criticism or failure.

Intervention strategies: Because patients must renounce their narcissism to make progress, the treatment narcissistic personality disorder is difficult. Psychiatrists such as Kernberg and Heinz Kohut have advocated using psychoanalytic approaches to effect change, but much research is required to validate the diagnosis and to determine the best treatment. Some clinicians advocate group therapy for their patients so they can learn how to share with others and, under ideal circumstances can develop an empathic response to others.

6) HISTRIONIC PERSONALITY DISORDER:

The hallmarks of histrionic personality disorder are pervasive and excessive self-dramatization, excessive emotionality, and attention seeking.

Incidence and prevalence: Prevalence rates of 2 to 3 percent in the general population and 10 to 15 percent for psychiatric inpatients and outpatients are reported in DSM-IV-TR. There seems to be a general agreement that this disorder occurs far more frequently among women. According to DSM-IV-TR, the disorder might be equally frequent among men and women.

Familial pattern and genetics: This disorder tends to run in families. A genetic link between histrionic and antisocial personality disorder and alcoholism has been suggested.

Causes – Specific psychopathology: Abnormal intense attachment to parental figures, acting out, Dissociate defenses, repression, high emotionality, dramatization, exhibitionism, ego centrality, sexual provocativeness, reward dependence

Comorbidity: These patients are at increased risk for major depression, somatization disorder, and conversion disorder. The most common co-occurring disorders are narcissistic, borderline, antisocial, and dependent.

Impairment: Impairment is frequently only mild and typically includes personal romantic relationships.

Complications: Complications include frequent suicidal gestures and threats to coerce better care giving. Interpersonal relations are unstable, shallow, and generally ungratifying. There are frequent marital problems secondary to the tendency to neglect long-term relationships for the excitement of new relationships.

Intervention strategies: Patients with histrionic personality disorder are often unaware of their own real feelings; clarification of their inner feelings is an important therapeutic process. Psychoanalytically oriented psychotherapy, is probably the treatment of choice for histrionic personality disorder.

7) BORDERLINE PERSONALITY DISORDER:

The hallmarks of borderline personality disorder are pervasive and excessive instability of affects, self-image, and interpersonal relationships, as well as marked impulsivity.

Incidence and prevalence: Prevalence rates of 2 percent in the general population, 10 percent for psychiatric outpatients, 20 percent for psychiatric inpatients, and 30 to 60 percent among

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patients with personality disorders are reported in DSM-IV-TR. According to DSM-IV-TR, this disorder is more commonly diagnosed in women (75 percent of diagnosed cases are women).

Familial pattern and genetics: Physical and sexual abuse, neglect, hostile conflict, and early parental loss or separation are more common in childhood histories of patients with this disorder. Borderline personality disorder is five times more common among relatives of probands with this disorder than in the general population. It also increases familial risk for antisocial personality disorder, substance abuse, and mood disorders.

Specific psychopathology → weak ego (lack of impulse control and anxiety tolerance)

- 1) Poor development of self – identity weakness and diffusion
- 2) Blurred self – object boundaries
- 3) Partial object relations (All good or all bad)
- 4) Periodically distorted reality testing
- 5) Inadequately developed super ego
- 6) Immature defenses of early phase of development persist into later periods (eg- splitting)
- 7) Overlap which mood disorder & PTSD (affective instability)

Comorbidity: These patients are at increased risk for major depression, substance abuse or dependence, eating disorder (notably bulimia), posttraumatic stress disorder (PTSD), and ADHD. Borderline personality disorder co-occurs with most other personality disorders.

Impairment: Impairment is frequent and severe and includes frequent job losses, interrupted education, and broken marriages.

Complications: Complications include psychotic-like symptoms (hallucinations, body image distortions, hypnagogic phenomena, and ideas of reference) in response to stress, premature death or physical handicaps from suicide and suicidal gestures, failed suicide, and self-injurious behavior.

Intervention strategies: Dialectical behaviour therapy in Borderline PD - The maladaptive behaviours which form part of the borderline syndrome can be viewed as either the product of emotional dysregulation or as attempts by the individual at regulating intense emotional states by maladaptive problem-solving strategies. Dialectical behaviour therapy, as its name suggests, contains within it the notion of opposites; common themes that emerge in therapy with borderline patients, such as acceptance of things as they are (so that there is no need for suicidal action), and change (from former maladaptive types of response) may appear incompatible but are synthesized in the therapy.

The essentials of dialectical behavior therapy are manualized weekly individual psychotherapy, group psychoeducational behavioral skills training, and telephone consultation when considered necessary. Therefore the content comprises a variety of problem-solving techniques including teaching the patient skills to help regulate emotions and tolerate distress, methods for validating the patient's perceptions, and behavioural and psychological versions of meditation skills.

Cluster C Personality Disorders

8) AVOIDANT PERSONALITY DISORDER:

The hallmarks of avoidant personality disorder are pervasive and excessive hypersensitivity to negative evaluation, social inhibition, and feelings of inadequacy

Incidence and prevalence: Prevalence rates of 0.5 to 1.0 percent in the general population and 10 percent for psychiatric outpatients are reported in DSM-IV-TR. According to DSM-IV-TR, this disorder is equally frequent in men and women.

Causes – Specific psychopathology: Increased harm avoidance, behavioural inhibition

Comorbidity: These patients are at increased risk for mood and anxiety disorders (especially social phobia, generalized type). The most common cooccurring disorders are schizotypal, schizoid, paranoid, dependent, and borderline.

Impairment: Impairment can be severe and typically includes occupational and social difficulties.

Courses: Frequently begins in childhood with shyness and fear of strangers and new situations. Disfiguring illness and shyness in childhood predispose children for this personality disorder.

Complications: Complications include social phobia.

Intervention strategies: Psychotherapeutic treatment depends on solidifying an alliance with patients. As trust develops, a therapist must convey an accepting attitude toward the patient's fears, especially the fear of rejection. The therapist eventually encourages a patient to move out into the world to take what are perceived as great risks of humiliation, rejection, and failure. Group therapy may help patients understand how their sensitivity to rejection affects them and others. Assertiveness training is a form of behavior.

9) DEPENDENT PERSONALITY DISORDER:

The hallmarks of dependent personality disorder are pervasive and excessive need to be taken care of that leads to clinging behavior, submissiveness, fear of separation, and interpersonal dependency.

Incidence and prevalence: This disorder is reported in DSM-IV-TR to be the most frequent of personality disorders. This disorder is equally frequent in men and women (DSM-IV-TR).

Familial pattern and genetics: There is no known familial pattern for this disorder. Chronic physical illness or separation anxiety disorder may predispose for dependent personality disorder.

Causes – Specific psychopathology: Oral stage fixation, increased reward dependence, excess fear of abandonment

Comorbidity: These patients are at increased risk for major depression, anxiety disorders, and adjustment disorder. The most common co-occurring disorders are histrionic, avoidant, and borderline.

Impairment: Impairment is frequently only mild and typically includes interpersonal relationships and occupational functioning, if independence is required.

Complications: Complications include mood disorders, anxiety disorders, adjustment disorder, and social phobia, as well as low socioeconomic status, poor family, and marital functioning.

10) OBSESSIVE-COMPULSIVE PERSONALITY DISORDER:

The hallmarks of obsessive-compulsive personality disorder are pervasive and include preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency.

Incidence and prevalence: Prevalence rates of 1 percent in the general population and 3 to 10 percent for psychiatric outpatients are reported in DSM-IV-TR. According to DSM-IV-TR, this disorder is twice as common in men as in women.

Familial pattern and genetics: Some studies have demonstrated familial aggregation of this disorder.

Causes – Specific psychopathology: Fixation at anal stage, isolation excess use, Low reward dependence, conflict of child's autonomy versus parental wishes → shame and criticism → OCPD traits

Comorbidity: These patients are at increased risk for major depression and anxiety disorder. There is equivocal evidence for increased risk of OCD.

Impairment: Impairment is frequently severe and typically includes occupational and social difficulties.

Complications: Complications include distress and difficulties when confronted with new situations that require flexibility and compromise and myocardial infarction (secondary to features typical of type A personalities, such as time urgency, hostility, and competitiveness).

Intervention strategies: Obsessive-compulsive personality disorders are often aware of their suffering, and they seek treatment on their own. Over trained and over socialized, these patients value free association and no-directive therapy highly.

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Preventing the completion of their habitual behavior raises patients' anxiety and leaves them susceptible to learning new coping strategies.

Dimensional System of Classifying Personality Disorders[Tyrer, 2000]

Level of Severity	Description	Definition by Categorical System
0	No Personality Disorder	Does not meet actual or subthreshold criteria for any personality disorder
1	Personality Difficulty	Meets sub-threshold criteria for one or several personality disorders
2	Simple-Personality Disorder	Meets actual criteria for one or more personality disorders within the same cluster
3	Complex-(Diffuse) Personality Disorder	Meets actual criteria for one or more personality disorders within more than one cluster
4	Severe-Personality Disorder	Meets criteria for creation of severe disruption to both individual and to many in society

There are several advantages to classifying personality disorder by severity [Murray, 2008]:

- It not only allows for but also takes advantage of the tendency for personality disorders to be comorbid with each other.
- It represents the influence of personality disorder on clinical outcome more satisfactorily than the simple dichotomous system of no personality versus personality disorder.
- This system accommodates the new diagnosis of severe personality disorder, particularly "dangerous and severe personality disorder" (DSPD). Politicians and the public both want to know who comprise the most dangerous group.

EFFECT ON SOCIAL FUNCTIONING

Social function is affected by many other aspects of mental functioning apart from that of personality. However, whenever there is persistently impaired social functioning in conditions in which it would normally not be expected, the evidence suggests that this is more likely to be created by personality abnormality than by other clinical variables [Nur, Tyrer, Merson, & Johnson, 2004]. The Personality Assessment Schedule [Tyrer, & Alexander, 1979].gives social function priority in creating a hierarchy in which the personality disorder creating the greater social dysfunction is given primacy over others in a subsequent description of personality disorder.

MANAGEMENT & SPECIFIC APPROACHES

There are many different forms (modalities) of treatment used for personality disorders [Magnavita, 2004]:

- Individual psychotherapy has been a mainstay of treatment. There are long-term and short-term (brief) forms.
- Family therapy, including couples therapy.
- Group therapy for personality dysfunction is probably the second most used.
- Psychological-education may be used as an addition.
- Self-help groups may provide resources for personality disorders.
- Psychiatric medications for treating symptoms of personality dysfunction or co-occurring conditions.
- Milieu therapy, a kind of group-based residential approach, has a history of use in treating personality disorders, including therapeutic communities.

THERAPEUTIC INTERVENTIONS

Therapists in this area can become disheartened by lack of initial progress, or by apparent progress that then leads to setbacks. Clients may be experienced as negative, rejecting, demanding, aggressive or manipulative. This has been looked at in terms of both therapist and client; in terms of social skills, coping efforts, defense mechanisms, or deliberate strategies; and in terms of moral judgments or the need to consider underlying motivations for specific behaviors or conflicts. The vulnerabilities of a client, and indeed therapist, may become lost behind actual or apparent strength and resilience. It is commonly stated that there is always a need to maintain appropriate professional personal boundaries, while allowing for emotional expression and therapeutic relationships. However, there can be difficulty acknowledging the different worlds and understandings that client and therapist may live with. A therapist may assume that the kinds of relationships and ways of interacting that make them feel safe and comfortable, have the same effect on clients. As an example at one extreme, people who may in their lives have been used to hostility, deceptiveness, rejection, aggression or abuse, may in some cases be made confused, intimidated or suspicious by presentations of warmth, intimacy or positivity. On the other hand, reassurance, openness and clear communication are usually helpful and needed. It can take several months of sessions, and perhaps several stops and starts, to begin to develop a trusting relationship that can meaningfully address issues [McVey, & Murphy, 2010].

FUTURE CHALLENGES

The management and treatment of personality disorders can be a challenging and controversial area, for by definition the difficulties have been enduring and affect multiple areas of functioning. This often involves interpersonal issues, and there can be difficulties in seeking and

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obtaining help from organizations in the first place, as well as with establishing and maintaining a specific therapeutic relationship. On the one hand, an individual may not consider themselves to have a mental health problem, while on the other, community mental health services may view individuals with personality disorders as too complex or difficult, and may directly or indirectly exclude individuals with such diagnoses or associated behaviors [Davison, 2002]. The disruptiveness people with personality disorders can create in an organization makes these, arguably, the most challenging conditions to manage.

CONCLUSION:

Increased clinical recognition of personality disorder probably reflects its increased presence in the general population. Personality disorder is also a predisposing factor for other psychiatric disorders, possible explanation for the increased interest in personality disorder is its position somewhere in between minor and major psychiatric problems (e.g., adjustment disorder vs. schizophrenia), which makes it interesting to a wide variety of experts and schools, ranging from purely socio dynamic to purely biological. There are numerous possible causes of mental disorders. Genetic dispositions as well as particular life experiences, which may or may not include particular incidents of trauma or abuse. Child abuse and neglect consistently evidence themselves as antecedent risks to the development of personality disorders in adulthood.

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Attachment to Parents during Adolescence and Its Impact on Their Psychological and Social Adjustment

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ABSTRACT:

The notion of attachment has been defined in different ways, but something which is identical in all definitions is that attachment is an essential ingredient for normal Human Development. From a developmental perspective, attachment theory has served as an important framework in understanding relationships throughout the lifespan. Attachment theory explains how individuals cope with conflict and assume various interpretations from the behaviors of others. From the experiences of early attachment relationships with a primary caregiver, the internal working model (IWM) becomes a mental representation of expectations and beliefs about the self in relation to others.

The parent-child relationship serves as a prototype for future relationships of the child. It is this first relationship that the child uses as a template to apply to future relationship experiences. In short, the qualities of early relationships predict later relationships, and success in later relationships takes root in lifespan development.

The present article provides a brief synopsis of the changes that occur during adolescence and describes what attachment is, why it continues to be important and how it is transformed during adolescence. It summarizes major findings on the impact of attachment on adolescent adjustment and discusses strategies for supporting healthy adolescent-parent attachment and also describes the secure and insecure attachments, patterns during adolescence towards parents and impact on their social & Psychological adjustment.

Keywords: *Adjustment, Adolescence, Attachment, Secure & Insecure attachment, Caregiver, Psychological adjustment, Parent-child relationships,*

In this research paper, we analyze the Attachment to parents during adolescence and its impact on their psychological and social adjustment.

To understand the attachment pattern during the adolescence; Firstly we understand the adolescence; Adolescence is the time between childhood and adulthood - between the ages of 12-18 that is marked by growth and change, and physical and emotional development.

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The physical and mental changes are predictable, but that doesn't make this age group any easier to understand and communicate with. At the onset of adolescence children develop the ability to understand abstract concepts, question values, develop a more mature sense of identity and learn to establish personal relationships. The physical changes at this age are dramatic, as boys and girls gradually grow into men and women. Behavioral changes stem from the physical developments, which cause self-consciousness and sensitivity to body changes, as well as the insecurity that comes with comparison. Adolescents are often preoccupied with themselves, and this can cause anxiety when the changes in development are not always consistent with those of peers, and the periods of awkwardness don't happen to everyone at the same time or in the same way. Adolescence is a time when a child starts to become his own person, and the separation from parents begins. As adolescents begin to establish an individual identity, rebelliousness and peer influence may sometimes cause conflicts with parents. Positive adult role models can play an important role as young adults start to make their own decisions. Adolescents are not always aware of potential dangers surrounding them and their newfound individuality and freedom, and parental control and authority is often challenged. Knowing how to set limits and how to keep lines of communication open is crucial for parents at this stage. Adolescence follows a well-known pattern, and part of accepting this is to acknowledge the fact that transition to adulthood is a challenging time for both parents and the adolescent.

According to Bowlby (1982), human beings are born with an innate psychobiological system (the attachment *behavioral system*) that motivates them to seek proximity to supportive others (*attachment figures*) in times of need. This system, which emerged over the course of evolution, accomplishes basic regulatory functions (protection from threats and alleviation of distress) and increases the likelihood of survival of human infants, who are born with immature capacities for locomotion, feeding, and defense.

Patterns of Attachments: Attachment can be divided into two main categories: **secure and insecure attachments**. Insecure attachment itself has three different types namely: insecure-avoidant, insecure-ambivalent and insecure-disorganized.

Secure Attachment

In the context of the parent-child relationship earthy relationships with others in the future: (1) the establishment of a basic sense of trust in the world (2) the allowance for emotional regulation the expression of feelings, along with the underlying physiological patterning. When these two goals are successfully met, it is likely that the child will experience a satisfactory attachment relationship with his or her caregiver. Through this exploration of the environment, the child gains greater competence, acquiring greater independence in future experiences.

Insecure attachment during adolescence is related to fewer mental health problems, including lower levels of depression, anxiety and feelings of personal inadequacy. Insecurely attached adolescents are engage in substance abuse, antisocial and aggressive behavior, and risky sexual

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activity. Insecurely attached adolescents also miss-manage the transition to high school, and more negative relationships with family members. They demonstrate concern about loneliness and social rejection.

Adolescents-Parents relationships Adolescence is characterized by significant neurological, cognitive and socio-psychological development. With the advance of adolescence, the amount of time spent with parents. Nonetheless, parents continue to play a key role in influencing their adolescent's development. If conflict increases between Parents and children so adolescents moves to risky behavior as well as adolescents may see their parents as having turned harsh, controlling, and irrational both can feel baffled about what happened to the good old days of family harmony.

IMPACT ON THEIR PSYCHOLOGICAL AND SOCIAL ADJUSTMENT;

Self-esteem is how you feel about yourself. The development of a positive self-image and a healthy self-esteem is very important for making a successful transition from child to adult. If the bonding with parents is low so development during this age is low self-esteem. They are very isolated with society and indulged in risky behavior.

Peer pressures As children grow, they begin to spend more time with their friends and less time with their parents. As a result, friends can influence a child's thinking and behavior. This is the essence of peer pressure. If parents - child relationship is more attached so, peer pressure can be a positive influence—for example, when it motivates your child to do well in school, or to become involved in sports or other activities. On the other hand, peer pressure can be a negative influence for example, when it prompts your child to try smoking, drinking, using drugs, or to practice unsafe sex or other risky behaviors.

Adduction of tobacco, drugs and alcohol drug abuse is a serious problem that can lead to serious, even fatal, consequences. Research suggests that nearly 25 percent of adolescents (ages 12 to 17) have used drugs, with 16 to 18 as the peak age for drinking and drug abuse. Teens whose parents regularly communicate with them about the dangers of drugs have a decreased risk of using tobacco, alcohol or other drugs and those adolescents communication weak with their parents they very much close to drug & tobacco.

Teens and sex Talking with your teenager is important to help him or her develop healthy attitudes toward sex and to learn responsible sexual behavior. Openly discussing sex with your teen also enables you to provide accurate information. After all, teens will learn about sex somewhere. But what they learn might not be true, and might not reflect the personal and moral values and principles you want your children to follow. In addition, teens need to understand the possible consequences of being sexually active including pregnancy and sexually transmitted diseases, as well as being emotionally hurt.

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Depression and suicide It is common for teens to occasionally feel unhappy. However, then he or she may be suffering from depression. There are many reasons why teenagers become unhappy. High-stress environments can lead to depression. Teens can develop feelings of worthlessness and inadequacy over school performance, social interaction, sexual orientation or family life. If friends, family or things that the teen usually enjoys don't help to improve his or her sadness or sense of isolation, there's a good chance that he or she is depressed. Often, depressed teens will display a striking change in their thinking and behavior, lose their motivation or become withdrawn.

More Parents sometimes adopted the wrong behavior towards because they want to be perfect child on every stapes like, education, Sports & Games, Music, Schools, in Peer group ect. These all expectation of parents about your child is very unhealthy and harmful to adolescents which is; expecting the worst, Reading to more parenting books, Too much discipline in home, comparative study to other children's, Spent less time with children's, Any time bust to office work, less communication with adolescents on their issues. This is all beahviour impact to adolescents development sometimes they indulged the more wrong activity; Irritability or unusual emotionality or volatility, Sleep difficulty or nightmares, Inability to concentrate, Drop in grades or other functioning, Toileting or eating concerns. , Headaches or stomachaches, Unexplained fears or increased anxiety , Regression to earlier developmental levels, Isolation from family activities or peer relationships, Drug or alcohol experimentation.

Adolescence is the period of developmental transition between childhood and adulthood. It involves changes in personality, as well as in physical, intellectual and social development. During this time of change, teens are faced with many issues and decisions. The following addresses some of the **key issues that can have an impact on a teen's Psychological social development.**

- Understand that the child has grown up and respect the right to have an opinion different than yours.
- Give your teens some freedom to explore yourself. Don't expect him or her to do exactly as you say all of the time.
- Be Play with them for understanding them better
- Teens whose parents regularly communicate with them about the dangers of drugs have a decreased risk of using tobacco, alcohol or other drugs
- Give your child words of encouragement each day.
- Provide career guidance
- Teach your child how to avoid situations where others may be drinking, smoking or using drugs, and to choose friends who do not use these substances.
- Try to avoid telling your child what to do; instead, listen closely and you may discover more about the issues influencing your child's behavior.

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- Meet your child's monetary needs
- Encourage your child to become involved in extra-curricular activities at school, a church youth group, or other programs that provide opportunities for teens to gather and socialize in a fun and safe environment.
- Facilitate building of their esteem and self-confidence.
- Remember to point out the things your child does right, not just the mistakes.
- Is Positive towards this age as well as changes which is occurring during in this period.
- Encourage your child about decision-making and make it a point to recognize when he or she has made a good decision.
- Help your child learn to focus on his or her strengths by pointing out all of his or her talents and abilities.
- When disciplining your child, replace shame and punishment with positive reinforcement for good behavior. Shame and punishment can make an adolescent feel worthless and inadequate.
- Develop a close relationship with your child, and encourage open and honest communication. Children who have good relationships with their parents are more likely to seek a parent's advice about decisions or problems.
- Help your child understand what peer pressure is. The child will be better able to resist negative influences if he or she understands what's happening and why.

Today's young people, our children, belong to the most promising generation in the history of the world. They stand at the summit of the ages. They also stand at the crossroads of two great paths. One is the broader, well-travelled path that leads to mediocrity of mind and character, and to social decline. Parenting an adolescent presents a challenge that sometimes brings the best out of the parents and makes them better human beings. However, this is also a time which puts tremendous stress on the parents. Improper handling of adolescents can leave scars on the minds of the children which adversely affect the lifetime relationship between parent and child and may trigger unhealthy behaviors by both parties. Hence, it is very important that parents take all requisite steps in the right direction.

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Mental Health: A Personality Analysis Exploring the Influence of Neuroticism

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ABSTRACT:

Mental health is found to be reinforced by personality traits and among the Eysenck's personality traits Neuroticism has a significant inverse influence on the behaviour. The current study examines the influence of neurotic personality dimension on the mental health among the youth in Kerala. The participants consisted of 211 undergraduate students between 18 to 24 years. The data were collected using the Mental Health Inventory and Eysenck's Personality Questionnaire-R, and analyzed using descriptive and inferential statistics. Results of MANOVA revealed that mental health of youth significantly differ based on neurotic dimension of their personality. The mean mental health index score was low among the high neurotics compared to the low neurotics. The results of Discriminant Analysis showed that among six dimensions of mental health, anxiety and, loss of emotional and behavioural control contribute more to discriminate the high and low Neuroticism groups. On an average, 73% of subjects originally grouped as belonging to high and low Neuroticism groups were correctly classified. The findings suggest the need for incorporating personality as a core variable in mental health promotion and illness prevention approaches to account for individual differences in thinking, feeling and behaviour.

Keywords: *Mental health, Personality, Neuroticism, Youth, Behaviour*

Mental health has gained recognition as a major public health problem only in recent years as it has important individual, societal, and economic consequences. It maintains an independent relation with psychosocial adaptation, work productivity, physical disease, health care utilization and even mortality (Keyes, 2005, 2006; Chida & Steptoe, 2008). The National mental health programme of India aims to assure minimum mental health care for all by application of mental health knowledge in general health care, community participation, and equitable and balanced distribution of resources and integration of mental health with general health services.

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MENTAL HEALTH

WHO defined mental health as a state of well-being in which the individual realizes his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and, make a contribution to his or her community (WHO, 2001b, p.1). This definition has three aspects: an individual's well-being, effective individual functioning, and effective social functioning (Herrman, Saxena & Moodie, 2005).

Mentally healthy individuals have three main characteristics: (1) they feel comfortable about themselves, i.e., they accept their shortcomings, neither underestimate nor overestimate their own abilities, and have a reasonable level of self respect; (2) they are considerate towards others and establish relationships that are gratifying and lasting, trust others and takes responsibility for his fellow men and the actions of self; and (3) mentally healthy individuals are able to meet the demands of life and find solutions for problems they face, make decisions thoughtfully, and set reasonable goals for themselves. Good mental health is characterized by a person's ability to fulfill a number of key functions and activities including: the ability to learn; the ability to feel, express and manage a range of positive and negative emotions; the ability to form and maintain good relationships with others; and, the ability to cope with and manage change and uncertainty. Mental and behavioural disorders account for 12% of the global burden of disease. Among 45 crore people suffering from mental and behavioural disorders globally only a minority receive adequate care. The global prevalence of mental and behavioural disorders among the adult population is estimated to be 10%. It is estimated that by 2020, 15% of the disability-adjusted life-years (DALYs) lost would be due to mental and behavioural disorders and the lifetime prevalence of developing one or more mental and behavioural disorders is estimated to be 25% (WHO, 2001a). A meta-analysis of 13 epidemiological studies in Kerala shows a prevalence of 5.8% for mental illnesses. Psychiatric morbidity is found to be associated with urban residence, female gender, 35-44 years age group, low socio economic status and nuclear family type. (Praveenlal, 2013).

PERSONALITY AND MENTAL HEALTH

Among the several factors associated with mental health, personality factors seem to have drawn much attention in the past. Personality has been studied in a number of different ways drawing significant relationships with various aspects of psychological health. Parenting style is seen to have a considerable impact on personality. Rai, Pandey, and Kumar (2009) reported significant difference in personality among boys who had more rejection and girls who had better emotional warmth from father. Significantly higher levels of anxiety, more somatic problems and higher levels of anger and hostility were reported among boys whereas girls reported high self-esteem. Extant literature has identified neuroticism as a significant risk factor for mood and anxiety disorders. Mangold, Veraza, Kinkler, and Kinney (2007) reported it as a strong predictor of subjective stress in 122 Mexican American college students. Individuals select situations that fulfill various personality needs (Furnhan, 1981). Depression facet of Neuroticism and the positive emotions/cheerfulness facet of Extraversion are the strongest and most consistent

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predictors of life satisfaction (Schimmack, Oishi, Fur, & Funder, 2004). In their meta-analysis, Heller, Watson, and Ilies (2004) revealed that life satisfaction is more positively related to personality constructs. Extraversion was found to be strongly correlated with higher levels of life satisfaction whereas neuroticism correlated with lower levels of satisfaction. In a study by Ebert, Tucker and Roth (2002), exploring the ability of the factors causing psychological resistance in predicting psychological wellbeing conducted in undergraduate students, neuroticism, sense of coherence and optimism were identified as significant predictors of psychological wellbeing. In another study Steel and Ones (2002) reported negative correlation between neuroticism and subjective well-being. Higher levels of neuroticism were found to be significantly related to lower levels of positive well-being. A meta-analysis conducted by DeNeve (1999) reported neuroticism as one of the strongest negative correlates of subjective well-being whereas in another study (DeNeve & Cooper, 1998) it was the strongest predictor of life satisfaction, happiness, and negative affect. Hilleras's (1998) examination on negative and positive affect among elderly showed that the factors that influence affect in the very elderly are similar to those influencing affect in younger ages and that personality traits are the major correlates of affect.

From the above review it is seen that mostly it is the presence of multiple risk factors, or the lack of protective factors or sometimes even the interplay of risk and protective situations predispose individuals to deviate from a mentally healthy state. Personality is an important factor affecting one's mental health. Among Eysenck's personality traits neuroticism seems to have significant relationship with mental health. Though there is a dearth of studies focusing exclusively on personality's influence on various mental health aspects including well-being, there are no many published research studies from Kerala focusing on changes in specific aspects of mental health due to neuroticism. Thus the present investigation is specifically undertaken to investigate the influence of neuroticism dimension of personality on mental health among Keralite youth.

MATERIALS AND METHODS

Cross-sectional survey approach with a descriptive design was adopted for the current study. It was conducted in selected colleges at Kottayam district in Kerala and the data collection was carried out during October and November, 2013. The target population was students in Arts and Science colleges. The objectives of the study necessitated the inclusion of samples from youth who met the inclusion criteria. Administrative permission from institutional authorities, written consent from subjects, and approval from institutional ethical committee of Jubilee Mission Medical College and Research Institute, Thrissur, Kerala were obtained for conducting the current study. Participation was voluntary. The questionnaire was completed anonymously and no compensation was given for participation.

The sample for the present investigation consisted of 211 youth who were undergraduate students in the university. The age of the subjects ranged from 18 years to 24 years. The sample included 136 males and 75 females selected through multistage sampling.

Instruments

Eysenck's Personality Questionnaire- (Revised) (Eysenck & Eysenck, 1964) and Mental Health Inventory (Veit & Ware, 1983) were used to measure personality traits and mental health of subjects.

Mental Health Inventory (Veit & Ware, 1983) has been standardized in 1983 and it has 38 items. It is designed to measure psychological health and mental health status of an individual within the past month. This tool may be aggregated in to six subscales (Anxiety, Depression, Loss of behavioural /emotional control, General positive affect, Emotional ties and Life satisfaction), two global scales (Psychological distress and Psychological well-being) and global mental health index score. The respondent has to give his/her rating for each of the item of a 5 to 6-point Likert type of rating scale. The scoring was done based on the guidelines given in the manual.

Eysenck's Personality Questionnaire- (R) (Eysenck & Eysenck, 1964) measure the personality of the individual with reference to the behaviour, feelings and actions. This focuses on the areas of normal functioning rather than upon psychopathology, and provides an assessment of traits that are relevant to human behaviour. This 90 item measure assesses 3 traits of personality namely extraversion-introversion, neuroticism and psychoticism. In addition, it includes a lie scale also. The respondent is required to give a 'True' or 'False' response for item. Certain statements are positively stated while some are negatively stated. Each subscale had items having responses 'Yes' or 'No' whereas neuroticism had items having only 'Yes' response as the answer. A score is assigned to every response made by the subject that endorses the presence of the particular personality trait that is implied by the statement. The scoring is done based on the scoring key provided in the manual.

Statistical analysis was done with SPSS 16 for Windows using descriptive statistics, MANOVA and Discriminant Analysis.

RESULTS

The median of the distribution of scores of subjects on Neuroticism was used to form the criterion groups distinguishing high and low levels of Neuroticism. The scores of the subjects in the sample on Neuroticism ranged from 2 to 22. The mean and standard deviation (SD) of the scores of subjects on Neuroticism were 10.47 and 4.20 respectively. The median of the distribution of scores of the sample on Neuroticism was 10. All the subjects in the sample who had a score less than the median score were grouped together to constitute the Low Neuroticism Group and the subjects with score greater than the median score were grouped together to form the High Neuroticism Group. The median score was shared by 18 subjects in the sample. These 18 subjects were distributed randomly to the low and high group on Neuroticism. There were 94 and 99 subjects in the low and the high groups respectively. The mean and standard deviation of Neuroticism scores of the Low Neuroticism Group were 6.63 and 1.97 respectively. The mean and standard deviation of the Neuroticism scores of the High Neuroticism Group were 14.21 and 2.41 respectively. Table 1. given below presents the mean and SD of scores of the subjects in

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low Neuroticism group and high Neuroticism group on various subscales of Mental Health Inventory.

Table 1. Means and SD of the scores obtained by the criterion groups on Neuroticism on the subscales of Mental Health Inventory

N=211

Variables	High Neuroticism Group	Low Neuroticism Group
Anxiety	26.04 (5.34)	20.33 (6.15)
Depression	12.63 (2.77)	11.05 (2.79)
Loss of Behavioural and Emotional Control	24.84 (5.97)	18.89 (5.64)
General Positive Affect	34.96 (6.78)	39.43 (8.35)
Emotional Ties	07.90 (2.67)	08.77 (2.69)
Life Satisfaction	03.60 (1.26)	04.15 (1.16)

The criterion groups on Neuroticism were compared on the various components of mental health obtained using MANOVA to test the hypothesis that there will be significant difference in mental health with respect to neuroticism. Analysis showed that mental health significantly differed with respect to neuroticism, Wilks' Lambda = .747, $F_{(6,186)} = 10.497$, $p < .001$ level and the Partial Eta Squared was .253. Table.2 gives results of univariate ANOVAs from the summary of MANOVA.

Table 2. One way ANOVAs on High and Low levels of Neuroticism and Mental health

Variables	Sum of Squares	Mean Square	F	df	p
Anxiety	1572.43	1572.43	47.61	1	.000***
Depression	119.32	119.32	47.61	1	.000***
Loss of Behavioural and Emotional Control	1704.02	1704.02	50.43	1	.000***
General Positive Affect	961.68	961.68	16.73	1	.000***
Emotional ties	36.24	36.24	05.05	1	.026*
Life Satisfaction	14.74	14.74	10.00	1	.002**

* $p < .05$ level; ** $p < .01$ level; *** $p < .001$ level

On univariate ANOVAs from the summary of MANOVA (Table 2.) all components of mental health showed the trend in the expected direction. It was found that high Neuroticism group was high on Anxiety ($M = 26.04$, $SD = 5.34$, $F_{(1, 191)} = 47.61$, $p < .001$), Depression ($M = 12.62$, SD

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= 2.77, $F_{(1,191)} = 15.46$, $p < .001$) and Loss of behavioural and emotional control ($M = 24.83$, $SD = 5.97$, $F_{(1, 191)} = 50.43$, $p < .001$) than the low Neuroticism group (Anxiety – $M = 20.33$, $SD = 6.15$; Depression- $M = 26.04$, $SD = 2.79$; and Loss of behavioural and emotional control- $M = 26.04$, $SD = 5.64$). Whereas low Neuroticism group was high on General positive affect ($M = 39.43$, $SD = 8.35$, $F_{(1,191)} = 16.72$, $p < .001$), Emotional ties ($M = 8.76$, $SD = 2.69$, $F_{(1, 191)} = 5.05$, $p < .05$), and Life satisfaction ($M = 4.15$, $SD = 1.16$, $F_{(1, 191)} = 10.0$, $p < .01$) than the high Neuroticism group (General positive affect – $M = 34.96$, $SD = 6.78$; Emotional ties – $M = 7.90$, $SD = 2.67$; and Life satisfaction – $M = 3.60$, $SD = 1.26$).

Further, Discriminant Analysis examined which aspects of mental health were affected by the neuroticism trait. The Canonical Discriminant Function Coefficients of the scores of the subjects on EPQ-R is shown in Table 3. The Classification Results of the Discriminant Analysis of the scores of the subjects on EPQ-R is shown in Table 4.

Table 3. Canonical Discriminant Function Coefficients Discriminating the High and Low Neurotic groups

Standardized Canonical Discriminant Function Coefficients	
Anxiety	.552
Depression	-.150
Loss of Emotional Control	.510
General Positive Affect	-.266
Emotional ties	.015
Life Satisfaction	-.046

As may be seen from the above table (3.) Anxiety and Loss of Emotional control contribute more to discriminate the high and low Neuroticism groups among the variables studied in this investigation though there is also a component of the discriminant function which is associated with the General positive affect and Depression. The Classification Results of the Discriminant Analysis of the scores of the subjects on EPQ-R (N scale) is presented in Table 4.

Table 4. Classification Results of the Discriminant Analysis of the Scores on EPQ-R (Neuroticism scale)

Actual group membership	Predicted group membership		Total
	Low Neuroticism group	High Neuroticism group	
Low Neuroticism group	70 (74.5%)	24 (25.5%)	94 (100.0%)
High Neuroticism group	28(28.3%)	71 (71.7%)	99 (100.0%)

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A direct discriminant analysis was carried out using six predictors viz., Anxiety, Depression, Loss of emotional control, General positive affect, Emotional ties and Life satisfaction to determine which of these variables best discriminate between Low and High Neurotic groups. The prediction equation has correctly predicted the classification of subjects originally grouped as belonging to high and low Neuroticism groups to the extent of 73.1% (on an average).

About 75% of the originally grouped cases were correctly classified. One discriminant function is calculated, explaining 100% of the variance. Wilk's lambda was statistically significant ($\chi^2_{(6, 211)} = 54.829, p < .001$). The discriminant function maximally differentiated Low Neurotic group from the High neurotic group and correlated most highly with the difference between Loss of Emotional control (.883) and Anxiety (.858). About 75% of Low Neurotic group members were correctly identified with the remaining quarter misclassified as the High neurotic group members. Seventy two per cent of the High neurotic group members were correctly identified with 28% misclassified as the Low Neurotic group members.

DISCUSSION

The findings of the present study suggest that the neurotic individual is characterized by their anxious nature, depressive feelings, and lack of control over his/her emotions and behaviour. Difficulty to relate with others emotionally or to develop relationships, lesser joy, low satisfaction with life etc., also distinguishes the neurotic individual from others. Of the various traits studied here Anxiety and Loss of Behavioural and Emotional control could correctly discriminate highly neurotic individuals from others to a greater extent. General positive affect and Depression also discriminate them but only to a lesser extent. Thus the personality profile of the high neurotics reflecting from the findings seems to show that the neurotic individual experiences more anxiety and does not demonstrate adequate control over his/her emotions and behaviour whereas emotionally stable individuals have lesser anxiety and better control over emotions and behaviour. Having high threat perception may negatively affect a neurotic individual's ability to cope in unfavourable conditions. Thus he/she is characterised by an overall proneness to experience more psychological distress. The findings are in line with earlier studies that report a negative relationship between neuroticism and mental health (Jaksic, Brajkovic, Ivezic, Topic, & Jakovljevic, 2012; Hampson, Goldberg, Vogt, & Dubanoski, 2007).

Neuroticism is a risk factor for mood and anxiety disorders and a strong predictor of subjective stress (Mangold et al, 2007). Highly neurotic individuals have more negative emotional reactions (anxiety), and experience more distress at the end of the day (Gunhert, Cohen, & Armeli, 1999). They are reported to be emotionally unstable and fearful in a variety of situations in everyday life. An especially high score on neuroticism has been mentioned as a predisposition to experience long-term levels of negative affect such as fear, anger, shame and sadness (Costa & McCrae, 1980). Neurotics perceive more threats from the environment. Mak, Blewitt, and Heaven (2004) showed that a high level of neuroticism is associated with a greater amount of threat appraisal and a high level of depressive symptoms. There are marked differences in both psychological and physical well-being and discomfort due to affective personality profiles

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(Archer, Adrianson, Plancak, & Karlson, 2007). Emery, Huppert, and Schein (1996) also revealed that neuroticism significantly predicts psychological well-being.

Based on the above evidences it can be inferred that the finding of the present study suggesting high anxiety and instability in emotions and behaviour are in line with the expectation. This study confirms the earlier finding reporting positive relationship between neuroticism and anxiety (Sanja, Elizabeta, & Klementina, 2013), and neuroticism and lack of behavioural and emotional control (Grundy, 2000; Brodsky, Malone, Ellis, Dulit, & Mann, 1997).

The findings imply that neurotic individuals perceive, feel and react in a manner that draws more stressors, negative situations and experiences to them which in turn increase their proneness to experience more mental distress. Thus personality of an individual shapes the behaviour and, the subsequent experiences and adaptation to them affects the mental health. Findings of the current study highlight the need to incorporate personality as a core variable to account for individual differences in thinking, feeling and behaviour in mental health promotion measures. Findings should be interpreted in light of the following limitations: Homogeneity of the sample; and inclusion of single cultural setting.

CONCLUSION

Mental health is significantly affected by personality traits and neurotic trait is the most important one to have a negative impact on various aspects of mental health. Efforts to promote mental health and prevent mental illness must approach personality as a significant contributing factor because one's personality is highly influential in his/her adaptation to and survival in the environment.

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Disability-adjusted life-years

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APPENDIX

Table A1. Correlation between Neuroticism and Mental health variables

N=211

	Neuroticism	M	SD
Neuroticism	-	10.47	4.20
Anxiety	-.547**	23.21	6.28
Depression	-.309**	11.81	2.93
Loss of Emotional Control	.546**	21.78	6.43
General Positive Affect	-.339**	37.45	7.74
Emotional ties	-.205**	8.45	2.69
Life Satisfaction	-.298**	3.90	1.23

** $p < .01$ level

Study of Family Preferences of Orphan and Normal Children through Family Drawings

G. Koteswaraiah¹

ABSTRACT:

Family preferences of orphan and normal children were studied using family drawing technique. The sample of the study consisted of 105 orphan and 100 normal children. The results of the study revealed that there are significant differences between orphan and normal children in their preferences with respect to 'sequence', 'grouping', 'size' and 'inclusion' of different family members in their drawings. Highest percentage of orphan children preferred to draw brother and sister figures 'first' in the sequence of family drawings. But majority of normal children preferred to draw their self figure first, followed by father and brother in the sequence of family drawings. Majority of normal children drew all their family members' figures in to one 'group'. More orphan than normal children included sister figure, but more normal than orphan children included self figure in their family drawings.

Keywords: Family, Family Drawing, Orphan Children and Family Preferences.

Family is the most influential social agent. Through family relationships especially relationships with parents, the child learns to conform to group standards, modes and traditions and to co-operate with others (Freeman & Showel, 1953). The family is important principally, because of its strategic role in transmitting to its off spring the conceptions of social realities that parents have learned from their own experiences and strategies for dealing with problems of life (Kohn, 1972). During the last four to five decades the family in India has undergone phenomenal transformations-they involve both structural and attitudinal dimensions that have resulted in altered interpersonal relationships among the members who constitute the family and changes in family obligations in child-rearing and socialization processes. There is a distinct shift in family structure from an extended-kin to a primary-kin system (Sinha, 1982).

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Study of Family Preferences of Orphan and Normal Children through Family Drawings

In home, the child gains his first knowledge of the world and the people in it. Under the guidance of his parents he develops the ability to live with his family first and later to function as a member of a school or other social group. A favourable home is one in which there is good emotional balance. The child rightfully can expect that his physical and psychological needs will be met in home. Unfortunately, not all homes offer an atmosphere in which the developing child can thrive. Absence of one parent, constant bickering among family members, sibling rivalry, too strict discipline or too permissive attitude of the parents and other unfavourable conditions that may exist in the home can deny the child's rightful social heritage. Good home atmosphere is provocative of ease of child adjustment. Not all members of the family exert similar influence on children. The emotional distance and relationship that exists between the child and family members determine the level of influence that family members exert on the child. A home that is broken by divorce, the death or absence of one parent or both, or both parents working outside the home has significant influence on the life of a child and create much emotional disturbance and conflict in a child (Jackson,1950).

An important problem group among children is the orphans. Orphans are those who are deprived of one or both parents by death. Such children are deprived of proper clothing, sufficient food, education and spiritual advantages. Children can't really grew-up without some adult care. In the Indian society, care is taken of orphans in most cases by joint family members and other relatives. Even so, quite a few orphans are left to institutional care where they have more or less deprived of ordinary mothering. Institutions today vary considerably in their facilities, but even good institutional care is likely to fall short of desirable home environment in terms of stimulation, guidance and affectionate relationships. The actual nature and extent of damage the child experience due to parental deprivation depends upon the age at which deprivation first occurs, the extent and duration of the deprivation, the substitute care, if any, that is provided and constitutional make up of the infant. Studies have compared the development of the orphans with that of children reared at home and found that institutionalized children to be retarded in sensorimotor, language learning and social development (Yarrow,1965).

Children can communicate freely their inner feelings non-verbally than verbally. Their internal state of mind can be observed successfully through non-verbal communication. In the verbal communication, due to some inhibitions, difficulties in manipulation of language and immature verbal development, children can't express their feelings properly. Children express their ideas and feelings very freely through their play and drawings. Drawings were used as a technique to assess schizophrenic children (Montague, 1951), as a measure of cognitive development in children (Goodenough, 1926) and to understand the attitudes and emotions of children (Kelly, 1984). One of the central assumptions of the drawing procedure is that many important aspects of personality are not available to conscious self-report and thus questionnaires and inventories are of limited value. To obtain an accurate view of person's inner world, it is necessary to somehow circumvent unconscious defences and conscious resistances.

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To assess inter-personal relationships, several variations of projective drawings have involved the subject depicting groups of significant people in his or her environment. Hulse(1951), has developed the Draw-A-Family (DAF), in which subjects drew a picture of their whole family. To assesses the ongoing aspects of family relations, Burns(1987), developed Kinetic Family Drawings(KFD), in which subjects are required to draw their whole family doing some activity. Family drawing method was successfully used with Indian children also (Badhramani, etal. 1993). Family drawings is an expressive technique and concerned with specific content and relationships within families. It is very useful in the case of children who usually have greater difficulties than adults in articulating how they feel about relationships.

The family conditions are different for orphan and normal children. Owing to the differences in family conditions it is assumed that the family preferences of orphan and normal children may also differ. Hence, in the present investigation an attempt is made to study whether orphan and normal children differ with respect to their family preferences using family drawing technique. The family drawings will serve as a projective tool in the assessment of family preferences of orphan and normal children.

HYPOTHESES:

If the child is instructed to draw a picture of his/her family, the child draws the first figure of his/her family members, whom he most likely be with a sense of belonging, concern, etc. generally, normal children prefer to draw their parents first followed by others, because they live with their parents and feel close to them. Whereas, orphan children do not have their parents, they would not draw their parents first. Hence, it is hypothesized that:

- 1) There would be significant difference between orphan and normal children in their preference to draw their family members 'first'.

Children, when they perceive the entire family as a unit, they draw their family members in to one group or two groups. It is expected that normal children would draw their family members in to one or two groups. The orphan children do not think about their family as a unit, because they lack parents, they generally place their family members in to separate units or draw themselves lonely. In view of the above it is hypothesized that:

- 2) There would be significant difference between orphan and normal children in the 'grouping' of different family members in their drawings.

The largest figures and those drawn first are likely to be perceived by the children as more important and powerful than figures drawn smaller or at the last. Normal children draw their parents as larger than orphan children. Hence it is hypothesized that:

- 3) There would be significant difference between orphan and normal children in depicting the size of the different family members as the 'largest' figure.

In the case of inclusion of different family members in their drawings normal children are expected to include all their family members whom they think as a unit. They include parents and siblings in their drawings more than the other family members. It is not so in the case of orphan

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children. The orphan children can't conceive of a unitary family as they had no parents and they live outside the home environment. Hence it is hypothesized that:

- 4) There would be significant difference between orphan and normal children in the 'inclusion' of different family members in their drawings.

SAMPLE:

The sample of the study constituted of 105 orphan children and 100 normal children. Among the orphans the boys are 74 and girls are 31. Their age ranges from 6-20 years. 70 boys and 30 girls constitute the normal children and their age ranges from 6-15 years. All the subjects were studying 1st to 10th standard in their respective schools. The orphan children were selected from Sri Venkateswara Balamandir school and Hostel for Orphan children. It is managed by the Titumala Tirupati Devasthanams (TTD), Tirupati. The normal children were selected from local municipal schools in Tirupati.

The age range of the normal children 6-15 years does not match with that of orphan children. It is because whenever the orphan children are admitted in the respective institution, they are put in the first class irrespective of their age. As a result of this in orphan group, it is found that a child who is 10 years studying 1st class. In the normal group a child who is 10 year old would be in the 5th class. Orphan children suffer from lack of parental care. Taking all these aspects into account the marginal age disparity between orphan and normal children is considered justified for the purpose of psychometric and sampling characteristics.

ADMINISTRATION OF THE TEST:

Drawing of the family members is the technique used in the present investigation. The orphan children were met in their hostels during study hours in the evening in small groups of 10 children each. The normal children were met in a separate class room of about 10 students each, in the absence of their teacher. All the normal and orphan children have given a drawing sheet and pencil each and were asked to draw their family members' figures. No other information or instructions-like who are all there in the family, how many figures to draw, were given to the children. They were asked to finish their drawing in about 30 minutes of time. After they finished drawing each one of them was asked to return the sheet, name the order in which they have drawn different family members' figures etc. All particulars regarding age, class, gender of each child was marked on their respective drawing sheet.

SCORING:

Each drawing sheet was scored for the 4 pre-determined criteria or aspects. They are: 1) Sequence(First drawn figure), 2)Grouping, 3)Size(The largest figure drawn) and 4)Inclusion of family members. The above criteria were taken with the assumption that they will provide necessary information about family preferences of children.

1) Sequence (First drawn figure): The figure the child first drawn on the sheet is taken as ' first' drawn figure of family drawings. It is classified in to a) Self, b) Mother, c) Father, d) Brother, e)

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Sister, f) Grandparents, g) Others. Others means other than close family members mentioned above from 'a' to 'f' like aunts, uncles, cousins and so on.

2) Grouping: The child might draw his family members in to groups, the number of groups they draw is called 'grouping'. The different categories in grouping are classified as-a) All in one, b) Two groups, c) Three groups, d) Divergence, e) Separate compartments, f) Does not apply. If a few members are grouped and a few are drawn apart it will be 'divergent'. If one single figure is drawn then that grouping is considered as 'does not apply' category.

3) Size: While drawing different members of his family if the child draws one among them as the biggest in comparison with others, it is termed as the 'largest'. When the child draws only a single figure then, it is considered as 'does not apply'. The different categories in the largest size figure drawn are: a) Self, b) Mother, c) Father, d) Brother, e) Sister, f) Grandparents, g) others, h) does not apply and i) all equal size.

4) Inclusion of family members: While drawing the family members children include different family members in their drawings, this is called 'inclusion'. The categories in the inclusion of family members are: a) Self, b) Mother, c) Father, d) Brother, e) Sister, f) Grandparents, g) Others and h) Does not apply.

The percentage of orphan and normal children preferring to draw different categories of figures on each of the above 4 aspects of family drawing were calculated. The differences of the percentages and the values of significance of difference between orphan and normal children were calculated using the test of significance.

RESULTS:

Percentages of orphan and normal children preferring to draw a) different family members 'first', b) family members into different 'groups', c) family members' figures as the 'largest' in size, and d) to 'include different family members and also the values of significance of the differences are presented in tables 1 to 4 respectively.

With respect to preferring to draw different family members 'first', the highest percentage of orphan children (36.19%) preferred to draw the sister figure first, followed by brother figure (33.33%), self, father, grandparents, others 6.66% each and mother 3.80% in that order. Comparatively the highest percentage of normal children (26.00%) preferred to draw the 'self' first, next father figure (23.00%), brother figure (22.00%), sister figure (12.00%), others 9.00%, mother figure 5.00% and grandparents 3.00% in that order. However, orphan and normal children differ significantly from each other with respect to drawing 'first' figure of 'self' ($t=3.81$, $p<0.01$), 'father' ($t=3.19$, $p<0.01$) and 'sister' ($t=4.08$, $p<0.01$) only. The other differences between orphan and normal children with respect to drawing different other categories family members 'first' are not significant. In the light of the results obtained with respect to the 'first' drawn figure, the hypothesis that "there would be significant difference between orphan and normal children in their preference to draw their family members 'first' is partially accepted.

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In the case of drawing the family members in to different groups, the highest percentage of orphan children (43.80%) draw their family members in to 'does not apply' category, followed by 'all in one' category (24.76%), 'two groups' (22.85%), 'divergence' category (5.71%), 'three groups' (1.90%) and 'separate compartments' (0.95%). Among the normal children the highest percentage (40.00%) have drawn their family members in to 'all in one' group, followed by 35.00% in 'does not apply', 23.00% 'two groups', 1.00% 'three groups' and 1.00% 'divergence' in that order. None of the normal children have drawn their family members in 'separate compartments' category. However, orphan and normal children differ significantly from each other with regard to drawing family members 'all in one group' ($t=2.36, p<0.05$) and in to 'divergence' group ($t=2.50, p<0.05$) only. The other differences between orphan and normal children with regard to drawing their family members in to different 'groups' are not significant. From the preceding results with respect to 'grouping' of different family members, the hypothesis that "there would be significant difference between orphan and normal children in the 'grouping' of different family members in their drawings" is partially accepted.

With respect to drawing of different family members' figures as the 'largest' in size, 43.80% of orphan children have drawn the family members into 'does not apply' category, followed by 17.52% have drawn grandparents as largest in size, 14.28% all equal, 8.57% brother and sister each, 3.80% other, 2.02% father and 1.90% self figure as the largest in size. Among the normal children, the highest percentage 38% have drawn only one figure, i.e., does not apply, followed by 13% all equal, 12% self, 10% mother, 9% father, 6% brother 5% grandparents and 3% sister figures as the largest in size. However, orphan and normal children differ significantly for their preference in drawing different family members' figures as the 'largest' in size with respect to self ($t=2.90, p<0.01$), mother ($t=2.00, p<0.05$) and grandparents ($t=3.15, p<0.01$) only. The other differences between them with regard to other categories in depicting the 'size' of different family members' figures are not significant. In view of the results obtained above with respect to depicting the size of different family members, the hypothesis that "there would be significant difference between orphan and normal children in depicting the size of different family members as the largest figure" is partially accepted.

With respect to the preferences of orphan and normal children in the inclusion of different family members their drawings, the highest percentage (57.14%) of orphan children included sister figure, followed by brother (45.71%), father (22.85%), grandparents (16.19%), mother (15.23%), self (13.33%), others (11.42%). In the case of normal children the highest percentage (45.00%) have included brother figure, followed by self figure 43.00%, father 29%, sister 27%, mother 19%, grandparents 10% and others 13% in that order. However, orphan and normal children differ significantly with respect to inclusion of 'self' ($t=4.80, p<0.01$) and the inclusion of 'sister' ($t=4.42, p<0.01$) in their family drawings. But they do not differ significantly on other categories of the inclusion of different family members. From the preceding results with respect to inclusion of different family members the hypothesis that "there would be significant difference

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between orphan and normal children in the 'inclusion' of different family members' in their family drawings is partially accepted.

DISCUSSION:

The results of the present investigation with respect to the preference to draw different family members 'first' provide enough indications to believe that the preferences of orphan and normal children towards their family members are different. The highest percentage of orphan children preferred 'sister' and 'brother' as their first drawn figures. In the case of normal children the highest percentage of children preferred 'self' as their first drawn figure, followed by 'father and brother'. The orphan and normal children experience different family conditions. The orphan children are deprived of ordinary mothering. They are placed in institutions, have no family and are completely away from ordinary family situations. As a result of this the orphan children would normally prefer other than their parents. This assumption is found to be correct as they preferred to draw first their sisters and brothers. Orphan children in institutions are very much attached to other children of their kind and this may be the reason for the orphan children to draw first their sisters and brothers in their family drawings.

The self-concept of severely deprived children will be low compared to normal children. This assumption gains strength from the results of the present investigation also. Unlike orphan children, a highest percentage of normal children have drawn their 'self' as their first drawn figure. In normal children the percentage of first drawn preference to father is almost equal to that of brother. The sister figure is less preferred when compared to brother by the normal children. Normal children might think that brother has an equal importance in the family like the father. In the Indian cultural setting, after the parents, male children are valued more than the female children, irrespective of their age. Generally, children consider father as the most important person in the family. On the whole, the orphan and normal children differ significantly with several aspects of the first drawn figure. The children preferred sister followed by brother as their first drawn figures, whereas normal children preferred to draw self as their first drawn figure followed by father in their family drawings.

The closeness of children to their family members can be known through their family drawings. Grouping of the family member gives an idea about children's preferences of the family members. Generally, children perceive their family as a unit. More normal children grouped their family members in to one group, whereas, more orphan children have drawn only one figure which comes under 'does not apply' category. This clearly shows that orphans, due to lack of family members, do not observe any close interpersonal relations with family members. Therefore the highest percentage of orphan children drew one figure. Normal children have shown similar tendency in the case of drawing all the family members as a single unit. So more normal children depicted their family members as single unit, whereas, more orphan children have not depicted grouping of their family members in their drawings.

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A child feels what he feels, rather than, what he sees or knows to be true. The child gives outward expression to his inner thoughts and feelings through his drawings. The larger figures drawn are likely to be perceived as more important than figures drawn smaller. Researcher evidence suggests that the relative size of the drawing is related to person level of self-esteem and energy. Small drawings reflect low self-esteem, depression and low level of energy. Large drawings suggest high self-esteem and high level of energy (Machover, 1949). In the present study the maximum percentage of orphan and normal children has depicted figures that come under 'does not apply' category. These children have drawn only one family member or more than one family member as equally large in size. It is because, normal children are unable to give the first place to any of their family members. They might assume that more than one family member influences them so that they are unable to give their preference while drawing different family members as largest in size. The orphan children also depicted either a single figure or all the siblings equal in size, indicating their inability to recognize the value and importance of other family members. While drawing different family member figures largest in size the orphan and normal children differ significantly from each other with respect to self, mother and grandparents.

With regard to the 'inclusion' of different family members figures the order of preference in the case of orphan children is siblings, father, grandparents, self, mother and others. Because orphan children are deprived of their family member's love and in institution they usually treat other children as their siblings and develop attachment with them. In the case of normal children the order is brother, self, father, sister, mother, others and grandparents. The disciplinary actions and unfavorable child rearing practices imposed by parents make normal children prefer their siblings rather than their parents.

CONCLUSIONS:

- 1) Orphan and normal children differed significantly with respect to first drawn figure of self, father and sister. Highest percentage of orphan children preferred to draw brother and sister figures first in the sequence of family drawings. But majority of normal children preferred to draw their self figure first, followed by father and brother in the sequence of family drawings.
- 2) Orphan and normal children differed significantly in drawing the family members' figures in to 'one group'. Majority of normal children drew all their family members' figures in to one group.
- 3) Orphan and normal children differed significantly in their preference to depict self, mother, grandparents as the largest in size in the family drawings.
- 4) Orphan and normal children differed significantly in the inclusion of their sister and self figures in the family drawings. More orphan than normal children included sister figure, but more normal than orphan children included self figure in the family drawings.

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Table-1: Percentage of orphan and normal children for their preference to draw different family members 'first' and the values of significance of the difference between them.

'First ' Drawn Family Member Figure	Percentage of Orphan children preference (N=105)	Percentage of Normal children preference (N=100)	't' value
1) Self	6.66	26	3.81**
2) Mother	3.80	5	0.42@
3) Father	6.66	23	3.19**
4) Brother	33.33	22	1.66@
5) Sister	36.19	12	4.08**
6) Grandparents	6.66	3	1.23@
7) Others	6.66	9	0.63@

**Significant at 0.01 level @ Not Significant

Table-2: Percentage of orphan and normal children for their preference in drawing different 'groupings' in their family drawings and the values of significance of the difference between them.

Drawing Members in to different 'Groups'	Percentage of Orphan children preference (N=105)	Percentage of Normal children preference (N=100)	't' value
1) All in one group	24.70	40	2.36*
2) Two groups	22.85	23	0.02@
3) Three groups	1.90	1	0.42@
4) Divergence	5.71	1	2.50*
5) Separate compartments	0.95	0	0.99@
6) Does not apply	43.80	35	1.30@

*Significant at 0.05 level @ Not Significant

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Table-3: Percentage of orphan and normal children for their preference in drawing different family members' figures as the 'largest' in size and the values of significance of the difference between them.

Drawing Family members' Figures as the 'largest' in size	Percentage of Orphan children preference (N=105)	Percentage of Normal children preference (N=100)	't' value
1) Self	1.90	12	2.90**
2) Mother	3.80	10	2.00*
3) Father	2.02	9	0.64@
4) Brother	8.57	6	0.71@
5) Sister	8.57	3	1.72@
6) Grandparents	17.52	5	3.15**
7) Others	3.80	5	0.42@
8) Does not apply	43.80	38	0.32@
9) All figures equal in size	14.28	13	0.27@

**Significant at 0.01 level *Significant at 0.05 level @ Not Significant

Table-4: Percentage of orphan and normal children for their preference in the 'inclusion' of different family members and the values of significance of the difference between them.

'Inclusion' of different Family Members	Percentage of Orphan children preference (N=105)	Percentage of Normal children preference (N=100)	't' value
1) Self	13.33	43	4.80**
2) Mother	15.23	19	0.72@
3) Father	22.85	29	1.01@
4) Brother	45.71	45	1.75@
5) Sister	57.14	27	4.42**
6) Grandparents	16.19	10	1.25@
7) Others	11.42	13	0.35@
8) Does not apply	0.00	0	0.00@

**Significant at 0.01 level @ Not Significant

Use of ICT in Teacher Education

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ABSTRACT:

Professional development to incorporate ICTs into teaching and learning is an ongoing process. Teacher education curriculum needs to update this knowledge and skills as the school curriculum change. The teachers need to learn to teach with digital technologies, even though many of them have not been taught to do so. The aim of teacher training in this regard can be either teacher education in ICTs or teacher education through ICTs. A teacher's professional development is central to the overall change process in education. In planning the integration of technology in Teacher education it is important for teacher education, Institution to understand the knowledge and skills necessary for teachers to effectively use ICT in their instructions. Teachers need technical assistance to use and maintain technology. In this paper discusses to study of Teacher education, to know the Significance of ICT in teacher education and to provide the some Suggestions of teacher education.

Keywords: *Teacher education, ICT, E –Learning, Information and communications technologies.*

The information society challenges the education system. In recent years, the speedy, effective and global communication of knowledge has created a new foundation for co-operation and teamwork, both nationally and internationally. The increasing role played by information technology in the development of society calls for an active reaction to the challenges of the information society.

In the report of UNESCO (1996) learning 'the world comes into the Classroom'. Teacher education has additionally to inculcate view of teaching that transcends the utilitarian and encourages for global competition one of the main functions of teacher education. The more appropriate approaches is being mentioned as follows:

ICT - Information and communications technologies [ICT] has been instrumental in social transformations.

E-Learning – It is an approach to facilitate and enhance learning through the use of devices based on both computer and communication technologies. E – Learning can also be used to support distance learning.

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Use of ICT in Teacher Education

Computer Assisted Learning [CAL] - CAL is often used to create 'models' for experimental purpose. Using CAL programmes, the student are provided with an opportunity to carry out experiments.

Learning with Multimedia - The multimedia has potential to change traditional educational methods. It will help teacher to represent in a more meaningful way with using different media effective as compared with traditional method of teaching. This is an age where in the world comes into the classroom and with this the expectations and responsibilities of teachers are seemingly limitless. An effort for updating their knowledge and skill with the help of information technology, and inculcation of social and ethical values is necessary.

OBJECTIVE

- To study of Teacher education.
- To know the Significance of IT in teacher education.
- To provide the some Suggestions of teacher education.

RESEARCH METHODOLOGY

The researchers have adopted descriptive methodology for this study. Research has been placed on secondary data sources such as books, journals, newspapers and online database.

Teacher Education

Teacher education refers to the policies and procedures designed to equip teachers with the knowledge, attitudes, behaviors, and skills they require to perform their tasks effectively in the school and classroom. In early times, teachers were often scholars or clergymen who had no formal training in how to teach the subjects of their expertise. In fact, many believed that "teachers were born, not made." It was not until the emergence of pedagogy, the "art and science of teaching," as an accepted discipline that the training of teachers was considered important. Although there has been continued debate about whether teaching is a "science" that can be taught or whether one is "born" to be a teacher, it has generally been agreed, at least since the nineteenth century, that certain characteristics are needed to qualify a person as a teacher: knowledge of the subject matter to be taught, knowledge of teaching methods, and practical experience in applying both. Most educational programs for teachers today focus upon these points. However, the internal character of the individual is also an important aspect of teaching; whether that is something one is born with or can be taught, and what are the qualities that are needed for the role of teacher, are also a matter of debate.

Definition of ICT

Most participants agreed that "anything used to transform knowledge," both software and hardware should be counted as ICT. One participant stated that "all is technology." However, this omnipresence of technology is not without problems. The participants used statements like, "it exists just to be there" and "it is here but it is not there," to express frustration with ICT not being actually used in schools in which they did practice teaching.

ICTs in Teacher Education

Professional development to incorporate ICTs into teaching and learning is an ongoing process. Teacher education curriculum needs to update this knowledge and skills as the school curriculum change. The teachers need to learn to teach with digital technologies, even though many of them have not been taught to do so. The aim of teacher training in this regard can be either teacher education in ICTs or teacher education through ICTs. A teacher's professional development is central to the overall change process in education. They are unsure of how to make most effective use of ICT as a powerful and diverse resource and one which can potentially alter traditional teacher–student relationships. If they are to invest time and energy in embracing the technology, teachers need to understand and experience the potential benefits of using ICT. Moreover, they need to have access to the evidence that supports the improvements in teaching and learning, including case studies and examples of effective practice. If the necessary changes in education are to be realized, they need strong leadership and support along with a school development plan for the integration of technology. They also need technical support so that they feel comfortable in using the technology and are more willing to experiment. The Future lab study shows many affirmative results from review of a number of UK case studies on teacher training. Although they are not representative, most of these studies highlight positive impacts of teacher training with ICT, such as increasing teacher self-assurance and aptitude in the use of IT resources by providing them fully equipped multimedia portable computers (MPTP) or by supporting online teacher communities. The “Talking Heads Online Community” pilot study showed that informal online communities can help to reduce head teacher isolation, enable head teachers to generate and exchange insights regarding practices for school improvement, and provide an effective way for gaining quick access to a spectrum of perspectives on key topical issues.

SIGNIFICANCE OF IT IN TEACHER EDUCATION

- **Access to variety of learning resources:** In the era of technology. IT aids plenty of resources to enhance the teaching skills and learning ability. With the help of IT now it is easy to provide audio visual education. The learning resources are being widens and widen. Now with this vivid and vast technique as part of the IT curriculum, learners are encouraged to regard computers as tools to be used in all aspects of their studies. In particular, they need to make use of the new multimedia technologies to communicate ideas, describe projects, and order information in their work.
- **Immediacy to information:** IT has provided immediacy to education. Now in the year of computers and web networks the pace of imparting knowledge is very fast and one can be educated anywhere at any time. New IT has often been introduced into well-established patterns of working and living without radically altering them. For example, the traditional office, with secretaries working at keyboards and notes being written on paper and manually exchanged, has remained remarkably stable, even if personal computers have replaced typewriters.

Use of ICT in Teacher Education

- **Any time learning:** Now in the year of computers and web networks the pace of imparting knowledge is very fast and one can be educated. One can study whenever he wills irrespective of whether it is day or night and irrespective of being in India or in US because of the boom in IT.
- **Collaborative learning:** Now IT has made it easy to study as well as teach in groups or in clusters. With online we can be unite together to do the desired task. Efficient postal systems, the telephone (fixed and mobile), and various recording and playback systems based on computer technology all have a part to play in educational broadcasting in the new millennium. The Internet and its Web sites are now familiar to many children in developed countries and among educational elites elsewhere, but it remains of little significance to very many more, who lack the most basic means for subsistence.
- **Multimedia approach to education:** Audio-Visual Education, planning, preparation, and use of devices and materials that involve sight, sound, or both, for educational purposes. Among the devices used are still and motion pictures, filmstrips, television, transparencies, audiotapes, records, teaching machines, computers, and videodiscs. The growth of audio-visual education has reflected developments in both technology and learning theory. Studies in the psychology of learning suggest that the use of audio-visuals in education has several advantages. All learning is based on perception, the process by which the senses gain information from the environment. The higher processes of memory and concept formation cannot occur without prior perception. People can attend to only a limited amount of information at a time; their selection and perception of information is influenced by past experiences. Researchers have found that, other conditions being equal, more information is taken in if it is received simultaneously in two modalities (vision and hearing, for example) rather than in a single modality. Furthermore, learning is enhanced when material is organized and that organization is evident to the student.
- **Authentic and up to date information:** The information and data which are available on the net is purely correct and up to date. Internet, a collection of computer networks that operate to common standards and enable the computers and the programs they run to communicate directly provides true and correct information.
- **Online library:** Internets support thousands of different kinds of operational and experimental services one of which is online library. We can get plenty of data on this online library. As part of the IT curriculum, learners are encouraged to regard computers as tools to be used in all aspects of their studies. In particular, they need to make use of the new multimedia technologies to communicate ideas, describe projects, and order information in their work. This requires them to select the medium best suited to conveying their message, to structure information in a hierarchical manner, and to link together information to produce a multidimensional document.
- **Distance learning:** Distance Learning, method of learning at a distance rather than in a classroom. Late 20th-century communications technologies, in their most recent phases multimedia and interactive, open up new possibilities, both individual and institutional, for an unprecedented expansion of home-based learning, much of it part-time. The term distance

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learning was coined within the context of a continuing communications revolution, largely replacing a hitherto confusing mixed nomenclature—home study, independent study, external study, and, most common, though restricted in pedagogic means, correspondence study. The convergence of increased demand for access to educational facilities and innovative communications technology has been increasingly exploited in face of criticisms that distance learning is an inadequate substitute for learning alongside others in formal institutions. A powerful incentive has been reduced costs per student. At the same time, students studying at home themselves save on travel time and other costs.

- **Better accesses to children with disabilities:** Information technology has brought drastic changes in the life of disabled children. IT provides various software and technique to educate these poor peoples. Unless provided early with special training, people profoundly deaf from birth are incapable of learning to speak. Deafness from birth causes severe sensory deprivation, which can seriously affect a person's intellectual capacity or ability to learn. A child who sustains a hearing loss early in life may lack the language stimulation experienced by children who can hear. The critical period for neurological plasticity is up to age seven. Failure of acoustic sensory input during this period results in failure of formation of synaptic connections and, possibly, an irremediable situation for the child. A delay in learning language may cause a deaf child's academic progress to be slower than that of hearing children. The academic lag tends to be cumulative, so that a deaf adolescent may be four or more academic years behind his or her hearing peers. Deaf children who receive early language stimulation through sign language, however, generally achieve academically alongside their hearing peers. The integration of information technology in teaching is a central matter in ensuring quality in the educational system. There are two equally important reasons for integrating information technology in teaching. Pupils must become familiar with the use of information technology, since all jobs in the society of the future will be dependent on it, and information technology must be used in teaching in order to improve its quality and make it more effective.

SUGGESTIONS

Some suggestion for new approaches in teacher education:-

- New methods' like Research, experiments, project discussion, problem solving should be used more and more.
- With the use of ICT in teaching method teacher should create direct connection to student learning and its goal is to improve student achievement.
- Teacher not remains merely lecturers or instructors but they should play the new roles of teachers as facilitators and guides. Use of technology in methods can speed up the efficiency of instructional tasks.
- Thus it is desirable to search for ways in which knowledge can be share more effectively. To fulfill the need and aspiration the society these innovative ideas should be introduced in teaching methods.

CONCLUSION

Overall, the study Each Teacher Education institution should be provided computer and other adequate infrastructure. Administration support for utilization of new technologies. Teachers and schools face a range of challenges, including infrastructural issues such as lack of power, telephone and Internet access, which hinder the effective use of ICT in teaching and learning. Schools also struggle to optimize use of the technology, due to a lack of appropriate professional development. While many teachers have developed basic computer skills, they have not yet become confident in using the technology to improve their own productivity and bring about pedagogical change. At the same time, ICT administrators and principals are requesting more support in technology management and organizational integration of ICT. Such support is needed in order to align the aims of ICT initiatives with overall school development objectives.

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Soft Skills Training For Students of Higher Education: Some Initial Observations

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Keywords: *Soft Skills Training, Higher Education*

Recently the authors were assigned to train higher education students (the second year master's and PhD scholars) with soft skills at the Department of Social Work at the Kuvempu University, Shimoga. The department wanted to enhance the students' preparedness into being competent professionals through social skills training as soft skills can enhance their technical expertise.

BACKGROUND

Based on a review of the training(curriculum) for students of Social Work, we had identified that the higher education programme endows students with the skills to analyse and understand the human problems of their target population they but they still lack the skills to adapt in work settings. Training the students with soft skills can benefit the young professional to excel at the work place by enhancing efficacious interpersonal functioning both with the professional team and with the beneficiaries. Since Social Work addresses issues of injustice in the social fabric, the students run the risk of being influenced by the stress and becoming emotionally burnt. Hence, it is imperative to equip the professional with insight into their personal strengths and limitations. Any professional working in the field of behavioural sciences would benefit from this awareness, not just those in the domain of Social Work. Often insight or awareness and acceptance of personal limitations are found to be factors that enhance resilience in the professional. Hence the authors hope to share their observations in order to encourage other professional and higher education programmes to explore the benefits of the inclusion of soft skills training.

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The authors used the well known life skills identified by WHO (World Health Organisation) as these skills have tried and tested across populations globally, are easily accessible and can be customised to the group context. In our work, we customised the activities within the Social Work context. Our aim was to build awareness in the young professional which would also translate into empathy towards their benefactors. The method adopted was group activities or individual tasks in a group setting so as to enhance variations in responses apart from their own and the use of role training as group work is a method of Social Work. Hence, they would get to perceive direct applications of the workshop to their work settings.

Based on past experiences, participants in groups are seen to have different skill levels and functioning both throughout and for each skill level. Hence the preparation included reflective activities in group situations to enhance individual learning and games to enhance learning through play which provides flexibility to the authors to choose activities based on the group functioning and learning ability. Learning is the important factor in this process and occurs at two levels; one, at a subjective level and two, as participants observe differences in perception of the group. The learning of each activity is discussed at the end, which assists in the consolidation of learning for the individual and group. Each participant was provided with a handout on the different skills they would be learning in the workshop for future reference. The group session began with an introductory activity to introduce the participants to the authors as the participants were familiar with each other. Subsequently the session took one skill at a time through activity and concluded it with a summary.

Communication: Communication is a process of passing information and understanding. It is an art of transmitting information, ideas, and attitudes from one person to another. It involves a systematic and continuous process of telling, listening and understanding. It is a meaningful interaction between a person and his environment. Thus it is the sum total of directly and indirectly, consciously or unconsciously transmitted feelings, attitudes and wishes.

Two activities were planned as games to understand distortion in communication arising due to the inability to clarify. The first activity focussed at comprehension (selective memory and listening, misinterpretation or incomplete listening) and its inverse relationship to the number of persons. The second activity focussed at understanding differences in individual perception.

Instruction:

Activity 1: One participant initiates a message and had to whisper the message in the ear of adjacent participant. The participant is not allowed to clarify the message and continues to pass the message until it reaches the last member who reports the sentence aloud.

Activity 2: A story was to be narrated without the use of verbal communication and no clarification.

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Discussion:

Activity 1: The discussion focussed at reasons for the distortion of the message.

Activity 2: The focus of the discussion was the challenges of explaining and obtaining exact information.

Observation: In activity 1, participants were observed to deliberately alter the statement to ensure a changed message. This was largely due to the participant's familiarity to the outcome of the activity and hence performing stunts as observed in children once they master a skill.

In the second activity the group was keen about the entertainment level of the activity and less on the learning. These observations were also utilised in the discussion.

Conclusion: The participants appeared to be familiar with the difficulties of distortion in communication so the participants were educated on the utility of the skill in daily practice and specifically at work places.

Interpersonal Relationship: Relationships are an important source of social support but not all relationships are the same and some may have repercussions where it would need to end (WHO, 1997). Interpersonal Relationship skills help individuals to relate in positive ways with others - to make, keep and end friendly relationships. These skills enhance mental and social wellbeing. A play activity was planned for the group with goal to harness team support in accomplishing the task.

Instruction: The group was split into three and volunteers of each team were instructed to accomplish as task with their respective group. The team was provided varying instructions from full support, partial support and resistance.

Discussion: Involved identifying factors that contributed to building co-operation and co-ordination with various members.

Observation: The activity involved the cooperation of team members and skills of understanding, listening actively and supporting the team. The group that provided no resistance appeared to be purposive at finishing the task at hand while the group that resisted displayed truancy. The group that displayed partial resistance was ambivalent at the levels of challenge they were to pose and displayed empathic skills at the turn around point.

Conclusion: The participants gained insight into the challenges and flexibility required to work along with the varied demands.

Self-Awareness Skill: Self-Awareness is awareness of one's thoughts, emotions, feelings and the personal ability to control it. Knowledge of one's immediate and long term needs, wants, desires, wishes and its intensity contribute to personal well-being or happiness. This is awareness of mood and the thought behind the mood. Thoughts are also involve beliefs about oneself and

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they can be categorised into “Projected Self”, “Real Self” and “Ideal Self”. An effective manner of understanding or building awareness of self is knowledge of strengths and weaknesses. These can be easily evaluated over particular situations and people through SWOT (Strengths, Weaknesses, Opportunities and Threats). Periodically analysis is recommended esp., when important decisions are to be made.

The following activity was based on helping the participants building aware of thoughts, emotions and behaviours being within one’s control.

Instruction: The participants were asked to use the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to categorise their abilities and beliefs.

Discussion: The discussion was based on understand personal limitations, accepting strengths, communicating realistic expectations, respecting themselves - through providing space and time both to self and others.

Observation: The participants needed more time to grasp these reflective concepts of real self and ideal self.

Conclusion: The participants realised potential areas to enhance and improve in their personal lives.

Empathy: “The ability to imagine oneself in another's place and understand the other's feelings, desires, ideas, and actions.” - *Carl Rogers*. The use of empathy is an important technique in counselling.

Two play activities were planned to help participants identify with the experiences of others.

ACTIVITY 1:

Instruction: The group was divided to form pairs and one volunteer was suggested to perform their partner’s role and discuss its challenges.

Discussion: The challenges in the task and the alternatives sort were discussed.

ACTIVITY 2:

Instruction: Participants were asked to suggest tips to fellow participants to enrich their lives and the suggested participant was asked to respond the advice. This was to continue until consensus was arrived.

Discussion: The discussion focussed at the participants understanding of both the individual’s behaviour and choices.

Observation: Activity 1 the group didn’t seem to grasp the instruction as some participants were observed to use the opportunity to mock their partners and their behaviour publicly. Activity 2 was observed to have the participants discuss suggestions which were not realistic and

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participants did not appear to be comfortable to share personal experiences for fear of being mocked.

Conclusion: The participants became aware of the obstacles in dealing with others emotions and its need in work situations especially with benefactors.

Creative thinking skills: Creativity is the ability to imagine or invent something new. Creativity is not the ability to create something out of nothing rather the ability to generate new ideas by combining, changing, or reapplying existing ideas. An individual activity to develop creative thinking by practice was chosen.

Instruction: Each individual was asked to use paper to create different materials apart from its usual use/s. The uses have to be may be fanciful but has to be practical.

Discussion: The discussion focussed at the process which helped the person arrive at the innovative thinking.

Observation: The participant appeared comfortable to showcase their ability. This could possibly be due to the high competitive spirit amongst the group display their ability to think differently.

Conclusion: The participants were able to harness their repertoire for ideas that they executed.

Critical Thinking: Critical thinking is a manner of thinking that involves reason, reflection, responsibility and skill to decide on what to believe or do. In short it evaluates risks and benefits of the problem at hand. Critical thinking enhances skills of questioning, gathering relevant information, efficiently and creatively sorting through information, reasoning logically and arriving at reliable and trustworthy conclusions that enable individuals to live and act successfully.

A reflective individual activity was chosen where the participants evaluated the risk and benefits of their personal choice.

Instruction: The personal reason/s to choose the MSW course and what factors influenced the decision was to be critically evaluated.

Discussion: The participants shared their limitations in arriving at the decision and the kind of information that they relied upon to make this decision. The discussion furthered into an understanding how decisions would continue to have flaws due to ignorance and having complete knowledge is not pragmatic.

Observation: The participants provided socially desirable responses and were keen to understand the process of decision-making. While the participants were engaged in the activity they appeared conscious about themselves to share openly before the group.

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Conclusion: The participants got to understand their subjective bias that hampered objective evaluation.

Managing Stress: Stress is a condition or feeling where an individual perceives “demands to exceed personal and social resources beyond their personal ability to mobilize”. The characteristics of stress are; it has physical and emotional effects; emotions thus created may be positive or negative feelings; insufficient stress is seen to cause boredom while excessive stress may lead to breakdown; and stress cannot be eliminated rather managed. Hence, maintaining an optimal level of stress is ideal.

Two activities were planned the first was a reflective group activity and the second was a reflective individual task.

ACTIVITY 1

The activity had two objectives:

1. To realize that stress is universal and ongoing.
2. To identify the emotional reactions towards stress and be able to plan on managing stress.

Instruction: A reflective exercise was chosen where the group was to stand around in a circle formation and pass a ball. The participant's name had to be called out before passing. The ball had to be passed to all members before the person who initiated the game receives the ball. The game would restart if at any point the wrong names were called, ball was passed to the wrong person or if the ball was dropped. Once the group has mastered this task then it was repeated with 5 balls being passed around simultaneously.

Discussion: The time duration was compared between one ball being passed and the when five were being passed. The reactions of the group members while mistakes occurred and how they could identify this game with real life situations were explored.

ACTIVITY 2:

The objective was to facilitate muscle relaxation.

Instruction: The instructions were to sit in a comfortable quiet room. Close the eyes, make a tight fist, hold for 5 seconds, and gradually relax the hand. This was to be repeated 3 times. Attention was to be drawn to the different sensations of tension and relaxation. The above steps were to be repeated with all muscle groups i.e., arms, shoulders, chest, abdomen, back, hip, thighs, lower legs and feet. In the discussion the experiences of the body and mind during this exercise is elicited.

Discussion: Focussed at the group sharing their personal experiences about the exercise. And in the discussion the group considered the benefits and the situations where the exercise may be practised.

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Observation: Activity 1 the group was found to stunt when one ball was part of the group and with frequent re-starts the group participants were frustrated with members that broke the rules. The group appeared overwhelmed and eager to finish the task when five balls were introduced. This also made the participants display their annoyance more openly with persons that faltered.

In activity 2 the group were spontaneous and eager to share their experiences of the exercise. They were equally participative in the discussion with personal reflections. The participants it appeared to find the activity meaningful; it could possibly be due to the participants relating the practise similar to yoga.

Conclusion: The influence of stress on the physical body and the experience of calmness as a mind state were experienced.

Coping with Emotions: Management of emotions is found to be equally important for success and happiness, as intelligence. While intelligence capacity may not be altered, emotional maturity can be improved.

The aim of the activity was to identify emotions.

Instruction: In a reflective activity the participant was asked to identify the emotions and reactions experienced in a situation of conflict.

Discussion: Focussed at the effect of emotions on the outcome of the situation; evaluating if similar patterns were visible in other situations and building an understanding on the styles of coping. The effect of emotions on interpersonal relationships and challenges in identifying emotions were discussed.

Observation: The participants shared varied personal reactions to the situations which brought about alternative perspectives. The participants had differing loyalties forming alignments and these not necessarily based on gender.

Conclusion: The participants were able to identify emotions and how it clouds judgement and ability to perceive alternatives.

Problem-Solving: Involves defines the challenges or stresses as problems to be solved or goals to be attained. Defining the problem helps in bring clarity and not just solving the problem alone.

The activity identified had two objectives;

1. To help the participants understand how intensity varies with the same problem.
2. To understand the complexity of the problem determines the approach and the time required.

Based on the above objectives two activities were planned.

ACTIVITY 1:

Instruction: The group game involved two groups where one group was provided all varieties of thread material and the second group was to observe the first group as they tied different types of knots. Once the second group received the knots they were given two minutes to untie the knots.

Discussion: The participants shared about the methods used to tie and untie the knots. The discussion focussed at deconstructing the process in smaller parts of problem solving viz., identification of the problem, the choosing from the various alternatives and weighing out merits and demerits. It also focussed at the addressing how the alternatives would change based on the intensity of the problem and the understanding of the problem.

ACTIVITY 2:

Instruction: In another play activity participants were to line up in pairs with partners facing each other. A long thin, light rod is placed the index fingers of the participants and asked to lower the stick to the ground. All participants fingers are to be in constant contact with the rod at all times. If any participant is found not touching the rod, the task is to be restarted at shoulder height.

Discussion: The perception of the problem, intensity and resources harnessed were explored before each stage of planning. The role of leadership, other roles, co-ordination, assessment, and the experiences while execution of the plans were discussed. Finally, the application of this in the field of social work was brainstormed.

Observation: In activity 1 the participants were competitive and tried making it difficult for the others to remove the knots and the second group broke rules of the activity to achieve their goal.

In activity 2 the group had a critical leader who was rigid and focussed at the outcome while the second group had no person willing to own up the leadership while their discussion revealed cohesion. In terms of outcome the first group was closer to achieving the goal than the second.

Conclusion: The participants realised the use of problem solving components that were being utilised daily in an unconscious manner. The clarity in the activity lead to the participants being able to evaluate effectively.

Decision-Making Skills: Decision Making is the internal (mental) action of identifying alternatives and options and choosing from among them. It is a commitment to do or to refrain from doing something. The goal of the activity was to focus on recognizing existing decision making skills that each participant possesses.

Instruction: A group activity involving a crisis situation was provided and the groups were to arrive at a decision in twenty minutes. The group was to unanimously agree before the decision was to be arrived.

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Discussion: Focussed at the ability of participants who had differing views to convince the others that their ideas were better. The process of the decision making, experience when others shared their ideas, easy and flexibility to change were the points of review.

Observation: The groups were able to arrive at a unanimous decision within 20 minutes with no pressure to make a decision. The groups did appear to have one or two dominant persons and the rest of the participants agreed with their views. There appeared to have no challenging or conflicts while arriving at the decision.

Conclusion: The participants got to understand differences in perception and limitations/inadequacy of information compelling them to analyse a course of action.

OUR UNDERSTANDING

The Master of social work discipline utilizes the understanding of various disciplines in working towards human development and addressing injustices in the society. The programme in India while following a similar content universally through universities and departments has varied levels of preparedness. Often the competency of the professionals trained from these institutes is attributed to individual capacities. At the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore a deemed university which offers doctoral programmes in Social Work, students from various institutes are represented. Of these students having cleared a national exam varying preparedness is observed which we attribute to the lack of certifying authority who oversees the professionals in their training and practice. Thus, we agree that higher education students tend to leave their programmes without preparedness in leading a competent life (Rekha, 2005).

According to Windsor and colleagues (2012) the main function of Higher Educational Institutions is to produce skilled and knowledgeable personnel who are able to not only function with minimal guidance but also to contribute effectively to the hiring organizations. Many studies have indicated that most Higher Education Institutions have somewhat similar course content and thrived at producing students with good academic achievement. But what differentiated them from one another is their ability to develop knowledge workers with the right employability skills or 'soft skills' such as communication, problem-solving, interpersonal and other skills deemed important as the foundations by which they require to function at work regardless of the nature of employment.

Soft skills apart from its utility at work place contribute to enhancing the person with life skills. These have a vast application and hence provides easy access to train personnel. In our endeavour authors focused at defining the area to higher education students of professional setting.

Students of higher education are generally found to be trained in technical skills (hard skills) and found wanting in soft skills without which, the student is regarded as incompetent in the above

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skill. Soft skills can be regarded as the additional generic skills which are beneficial student. Each of the above soft skills have been explained for training of students of higher education.

The skills chosen were active and experiential so as to create a dynamic teaching and learning process. Active learning (viz., brainstorming, group discussions, debates and games) and experiential learning (games and role-play) were used. Life skills lessons also included homework assignments that extend their analysis and practice of life skills to their lives at home and in their professional field work training.

CONCLUSION:

While the value of the programme is endorsed universally an assessment was not performed to under the transfer of training. Therefore authors state two aspects firstly the need for technically trained personnel needing soft skill training as part of curricula, customized to their programme so that Higher Education leads to skilled and knowledgeable personnel who are able to not only function with minimal guidance but also to contribute effectively to the hiring organizations. Secondly, to identify tools to assess efficacy of training transfer thereby to improvise.

In our training we focused at three components concept, application to self and professional application. The methods used were lecture, activity and play. Of the goal was to get the students to learn through reflection.

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Mind Map and Concept Map as Complementary Tools for Teaching

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ABSTRACT

In this article, Novak's concept mapping technique is compared to Tony Buzan's mind mapping technique. The application parameters and the respective advantages and disadvantages for two formats for learning and knowledge sharing are reviewed and discussed. It is argued that the combination of these two visualization types can play to the strength of each one. The article then provides real-life examples from such a use in undergraduate and graduate university teaching. The results provide first indications that the different visualization formats can be used in complementary ways to enhance motivation, attention, understanding and recall. The implications for a complementary use of these visualization formats in class room and teaching contexts are discussed and a future research agenda in this domain is articulated.

Keywords: *Concept map; mind map;*

The extensive use of concept maps in class rooms and related learning and knowledge sharing contexts (e.g. trainings, meetings, problem solving discussions) has shown that numerous benefits can be achieved by applying visual mapping techniques that foster the graphic reconstruction of knowledge. Concept maps have demonstrated their positive effects on student learning for various topics and in various teaching situations. Concept maps (for a definition see Table 1) are, however, not without drawbacks 15–17 and they may not fit all types of target groups (such as non-academics), learning tasks (i.e. developing procedural skills), application situations (such as rapid note taking) or topics (such as processes or developments over time). There are, in our view, several reasons for these application restrictions: the relatively strict formal rules that need to be adhered to when drawing a concept map and the emphasis on identifying concepts (and their multiple relationships) do not make it a simple, seamless or very rapid visualization technique. In addition, the general top-down (from concepts to examples) structure of concept maps may not be adequate to represent or structure sequential content such as processes, timelines, or developments.

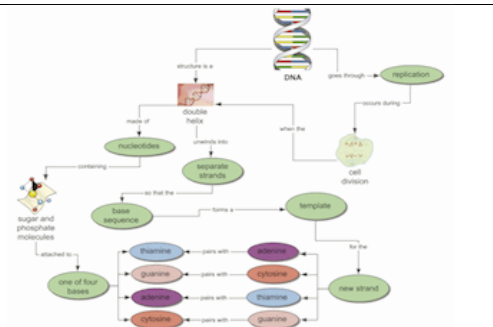
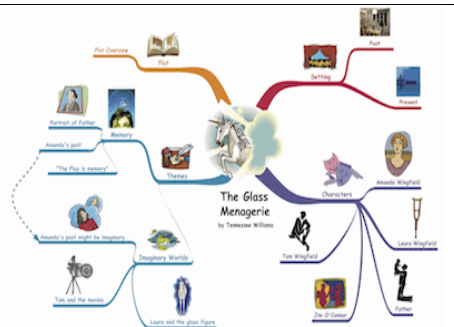
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The boxes and arrows format may also make it difficult to efficiently represent a great number of related items in an accessible format. Students or practitioners who are confronted with ready-made complex concept maps may initially feel overwhelmed or de-motivated by the complex web of relations.

Concept mapping is also not the only available qualitative visualization technique that fosters learning or knowledge sharing in a constructive and systematic manner. There is a myriad of node-link mapping methods from such diverse areas as psychology, computer science, requirements engineering, or business administration. Examples of such systematic methods that employ geometric figures for items, activities or concepts, and arrows for relationships are: cognitive mapping, mind mapping, entity-relationship models, flow charts, Toulmin maps, IBIS argumentation maps, semantic networks, swim lane diagrams, clustering, UML diagrams, system dynamics, evocative knowledge maps, soft system modelling, or process event chains.^{4–6,10–12,32} All of these methods relate (boxed, circled, or otherwise framed) items to others through (labelled or unlabelled) arrows based on explicit and sequential rules. Nevertheless, there are also mapping methods that do not make use of the node-link paradigm. Examples of such mapping methods are: Venn and Euler diagrams, Robert Horn's infomulas, radar charts, Zwicky's morphological boxes, Vee diagrams, knowledge cartographies, tree maps, 3D-cubes, S-curves, impact wheels, or graphic facilitation. Rather than highlighting individual items and their relationships, these visualization methods focus on 'the big picture', that is, on an overall structure to map or position information meaningfully. In these methods, the overall graphic structure is usually provided by a conceptual diagram, a visual metaphor or a mix of the two. Based on this premise, this paper examines the potential of complementary visualization with regard to concept maps, that is to say the combination of concept maps with other visualization formats. This combined use of different visualization methods should compensate for the limitations of different individual mapping methods and enable a richer learning experience for students using the methods either actively (in a drawing mode) or passively in a viewing mode.

Table: 1 A comparison of concept map and mind map

Format Parameters	Concept map J.D Novak)	(Mind map (T. Buzan)
Sample thumbnail representation		

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Definition	A concept map is a top-down diagram showing the relationships between concepts, including cross connections among concepts, and their manifestations (examples)	A mind map is a multi-coloured and image centred, radial diagram that represents semantic or other connections between portions of learned material hierarchically
Main function or benefit	Shows systematic relationships among sub-concepts relating to one main concept	Show sub-topics of a domain in a creative and seamless manner
Typical application context	Classroom teaching, self study and revision	Personal note taking and reviewing
Application guidelines	Use it as a learning support tool for students, that is, to summarize key course topics or clarify the elements and examples of an abstract concept	Use it for pre-analytic idea jostles or rapid note-taking, or to structure the main contents of a course or topic hierarchically
Employed graphic elements	Boxes/bubbles with text and labelled connector arrows	Central topic bubble and collared (sub-) branches with text above branches, pictograms
Reading direction	Top-down	Centre-out
Core design rules or guidelines	Start with main concept (at the top), and end with examples (bottom, without circles); boxes/bubbles designate concepts, arrows represent relationships; include cross-links among elements	Start with main topic (centre) and branch out to sub-topics, employ pictograms and colours to add additional meaning. Write text above the branches
Macro structure Adaptability	Flexible, but always branching out	Somewhat flexible, but always radial

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Level of difficulty	Medium to high	Low
Extensibility	Limited	Open
Memorability	Low	Medium to high
Understandability by others	High	Low
Typical software package supporting the visualization format	www.inspiration.com	www.mindmanager.com

Methods: systematic comparison along application parameters and exploratory use cases

The domain of visual methods for learning and knowledge sharing is a broad one and the diverse learning needs and styles of students may make it necessary to use concept maps only as one type of learning support tool among others. Hence, it seems worthwhile to review the application parameters and the relative advantages and disadvantages of concept maps, as they have been discussed in the existing literature, and compare them to the application benefits and parameters of other mapping methods. For this comparison, we have chosen one widely used method, mind mapping. Below, we briefly describe our understanding of mind mapping approaches.

The graphic formats discussed above are obviously not the only visualization techniques that can be used to foster learning, yet they provide a number of advantages for knowledge construction that other, more complex visualization methods – such as flow charts, cognitive maps, loop or system diagrams – may not be able to provide (i.e., reducing complexity, providing mnemonics, and facilitating rapid group communication).

Besides the comparison of the application parameters of concept maps, mind maps (in order to highlight potential complementarities), another method that is employed in this paper is the exploratory use of these methods in class room teaching. Different real-life examples of such maps will be shown to illustrate the benefits of combining various mapping techniques sequentially during a course. The examples can also illustrate the potential drawbacks when relying only on mind mapping method.

Results and discussion: a comparative view of two mapping methods

In this section we present the results of the comparison among the four approaches and the exploratory use of complementary mapping in university teaching. In the next section a synthetic table is presented and discussed which compares the application parameters of the two methods. An overview of the main advantages and disadvantages and a relative positioning (with regard to their use) is derived from this comparison. Based on these considerations a possible application sequence for teaching and learning purposes is suggested. In the succeeding section we present examples of the methods' use in classroom teaching.

A comparison between the two methods regarding their application parameters

While Novak's concept maps, Buzan's mind maps, theory driven with embedded text have a number of attributes in common (such as the integration of text and image, the stepwise completion and the rule-based approach), they nevertheless differ with regard to their specific benefits and constraints. These differences are explored in Table 1. It summarizes the key features and main application parameters of two methods. The first row of the table provides a thumbnail representation of each format to give an impression of the overall shape of the visualization method. The second row contains a short definition of the method. The three following rows position each method in terms of its typical application (main benefit or function, typical application context and application guidelines). The next two rows specify the visual vocabulary of the method in terms of the graphic elements, their reading logic, and their use (guidelines). The rows from 'macro structure adaptability' to 'understandability' qualify the methods in terms of their flexibility and complexity. These factors will be further discussed in a subsequent table that focuses on the advantages and disadvantages of each method. The final row indicates one possible software package for each format that can be used to draw or use an electronic version of the method.

A first glance at the key features of the four visualization methods reveals that their profiles are quite distinct: whereas concept maps and mind maps are great personal learning tools that result in individual solutions are tools for knowledge communication and joint knowledge construction. While mind maps result in attractive, colourful and memorable results, and concept maps tend to be less memorable, because most of them look very much alike a collection of boxes and arrows (with occasional icons). These generalizations do not apply to each and everyone's use of these formats; they nevertheless tend to follow the advantages and disadvantages of the four formats as they are discussed in the literature. Four main advantages and disadvantages of each method are summarized in Table 2.

From these profiles we can generate a first tentative positioning that can help us in using the two visualization techniques in complementary ways or even combine them into new visualization formats (as discussed in the conclusion). One possible way of positioning the two methods is by their ability to support the remembering of learned content and whether they are more geared towards personal or group use. Following this reasoning, mind maps would be best

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used for in class, personal note taking, while concept maps should be used at home for review purposes (also because they take longer to develop).

One important common feature that all two visualization formats share (besides their common purpose of facilitating understanding), is that their electronic use allows for the linking or embedding of related additional material, such as other maps or diagrams, internet hyperlinks, documents or pictures. This opens the opportunity to use such maps as navigational aids to electronic learning content or simply annotate entries with additional personal comments. The electronic use of these methods also makes it possible to use the methods as ad-hoc collective maps in class rooms or meeting contexts via a laptop and beamer.

Table: 2 advantage and disadvantage of the two visualization formats

Format	Concept map	Mind maps
Main advantages	<ol style="list-style-type: none">1. Rapid information provision¹⁵2. Systematic, proven approach to provide overview¹⁵3. Emphasizes relationships and connections among concepts¹⁷4. Ability to assess quality of concept map through evaluation rules²	<ol style="list-style-type: none">1 Easy to learn and apply⁶2 Encourages creativity and self-expression⁵3 Provides a concise hierarchic overview⁶4 Easy to extend and add further content⁶
Main disadvantages	<ol style="list-style-type: none">1. Not easy to apply by novices; requires extensive training¹⁷2. Concept maps tend to be idiosyncratic¹⁷3. Time consuming evaluation through tutors¹⁷4. The overall pattern does not necessarily assist memorability	<ol style="list-style-type: none">1 Idiosyncratic, hard to read for others2 Represents mostly hierarchic relationships⁶3 Can be inconsistent4 Can become overly complex (loss of big picture)

Application examples and experiences

As mentioned in the previous section, a complementary way to use the two visualization methods uses mind-mapping for in-class note taking, concept mapping for personal student reviewing at home. This didactic logic is consistent with the relative advantages and disadvantages discussed in Table 2. Shows this didactic approach which uses the two methods in a complementary way and describes their application. This logic has been applied in two bachelor classes (on knowledge management) and in two Ph.D. courses (on research methods):

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Table- 3 A Complementary use of the two methods based on their unique features

Didactic steps Didactic application mode	Applied visualization format	Didactic application mode
1	Mind map	During the subsequent explanations and further elaborations, the students take notes by drawing personal mind maps.
2	Concept map	To test their understanding and recall, the students are asked to develop a concept map (at home) of the main contents and submit this map at the beginning of the next lesson. They can use the introductory mind map key elements and then structure them using the rules of concept mapping.

First, a special type of concept map has been used to structure complex content during class presentations (see Figure 1) and lectures. At the beginning of the session, the diagram contained only the concept label; all other boxes were interactively filled in with occasional contributions from the students who had heard about the concept previously. Figure 1 depicts the completed diagram after approximately 20 min of discussion.

The picture depicted in Figure 1 is a specific type of Mind map that helps to explain the nature of an academic or abstract concept. Its benefit can be described as follows: Whereas Novak's concept maps mainly serve the purpose of student learning by having them list and connect various concepts through explicit labels, the main function of a concept skeleton is one of summarization and elicitation, and these tasks only regarding one single concept at a time: concept skeletons of this type thus help to transform sketchy ideas into systematic thoughts. Consequently, we define a concept skeleton as a one-page abstract diagrammatic representation of an abstract concept, its label, definition, elements, examples and implications, as well as its kind. The depiction also includes pointers to related concepts. A concept according to Novak is a mental image of a thing or object. Our understanding of a concept is a bit more focused: A concept in this context refers to an elaborate abstract idea that has implications for action. The concept skeleton's elements can be characterized as follows:

- Concept name or label: A concise set of terms that gives the concept a label by which it can be referred to.
- Related concepts: This box lists similar, but nevertheless different concept labels that are closely related to the outlined concept.
- Concept definition: This box includes a few sentences that define the key idea behind the concept. Typically the definition also includes the key elements of the concept that are then also isolated in the element boxes below the definition box.
- Elements: This section lists the different sub constructs or sub concepts of the main concept.

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- The examples or manifestation boxes provide real-life instances of the concept.
- Implications: This section summarizes the practical consequences of the concept or in other words how it should be applied and used.
- Concept type, area and modality: These three sections indicate the nature of the concept that is described. In terms of type we distinguish whether the concept is a scientific concept (such as a research construct) or a practical one (such as an action principle) or both. The area describes the topic domain to which the concept can be related to. If the concept type is scientific this domain can be any scientific discipline, such as biology, physics, or geography. If the concept type is practical, then domain may refer to an operational area, such as project management, cooking, or architecture. The concept modality finally describes the nature of the concept's claim: is it describing a goal one should strive for, then the label given to the concept is normative, if it outlines the way something is actually done, it is descriptive, if it explains the way something works it is explanatory, and if it outlines a way to resolve a problem it is a prescriptive concept.

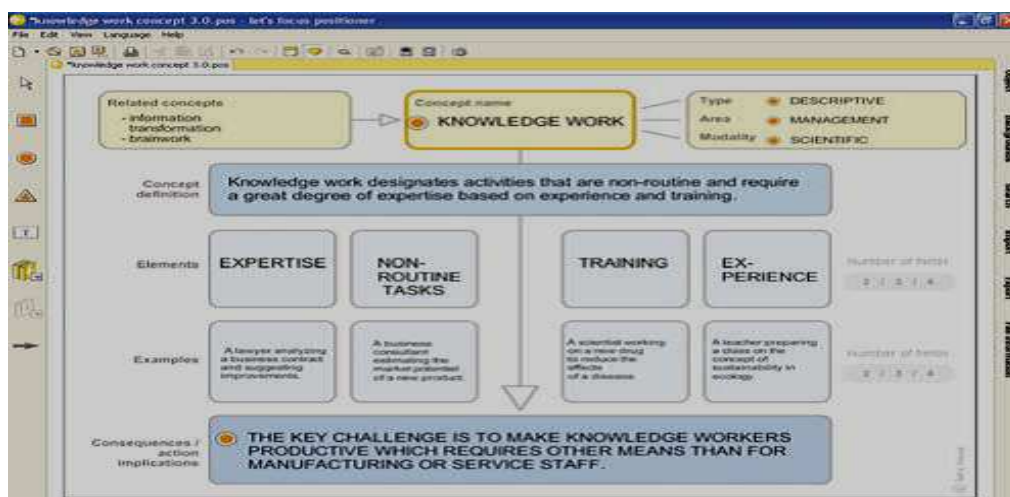


Figure 1 A concept skeleton used to jointly develop the notion of knowledge work in a bachelor class on knowledge management (drawn with lets-focus.com).

The main benefit of such a concise depiction of a concept is that one can gain a systematic overview quickly and not only describe the concept but also analyse it in terms of its epistemic nature.

After this initial discussion with the help of a concept skeleton detail content has been presented in a regular lecturing style. For this phase, **Mind maps** have been used for individual note taking during the class by the students (the mind maps have not been collected). Several studies have already highlighted the beneficial use of mind mapping for the purpose of note taking and Buzan developed the method with note taking in mind as an explicit application area.

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In a third didactic step, **Concept maps** have been used as take-home assignments, where 30 students needed to individually summarize a module of the class (on knowledge work) with the help of concept mapping (see a sample concept map submitted by a student in Figure 2).

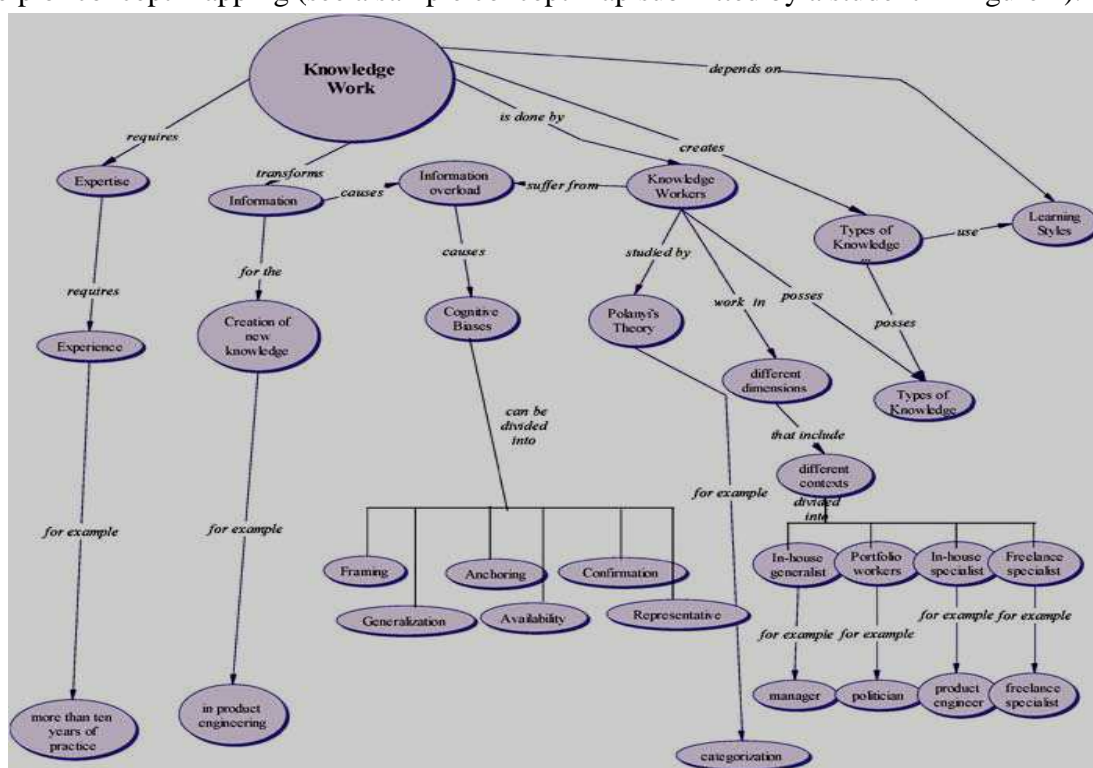


Figure 2 A concept map drawn by a student as an assignment and review tool for a class module (from a bachelor class on knowledge management, drawn with inspiration.com).

The preliminary results from these tests have been positive in the sense that students responded very favourably to this mix of visual methods. After an initial distraction due to the interactive whiteboard technology, the students remained focused and attentive, more than they would usually be in this type of discussion. The visual methods have kept them engaged and gave them ownership of the class content. In follow-up lessons, the discussed concepts seemed to be remembered better than usual. The fact that the students also asked for electronic copies of the jointly devised visualizations is another sign of their interest. Future follow-up studies should test these stipulated benefits and they should show whether this assumed higher level of attention, engagement and recall also translates into better learning results (and this even after the 'newness' of the complementary visual approach has worn off). In the current study, the course evaluation form and the final exam were used to assess the satisfaction and learning effects of the students, yielding positive results compared to prior courses. In addition, an independent Ph.D. student conducted half hour to interviews with 14 students of the class asking them about the experience with the concept mapping assignment. The results of these interviews showed that the students require a lot of time, systematic assistance and feedback in order to devise high quality

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concept maps. They revealed that some students had problems understanding the concept maps of others. They also highlighted the fact that the students' concept maps did not incorporate many of the provided multimedia material because I did not discuss that material in detail in class and I did not encourage them extensively to use that material. Two-thirds of the students chose to draw the concept map with mapping software inspiration.com while one-third produced concept map posters or paper versions. As a major benefit, the students mentioned that they were able to check their understanding and learning, to see new connections, and to repeat the key contents. In future studies, a questionnaire on what the students have specifically liked or disliked about all of the visualization sessions and exercises will be issued.

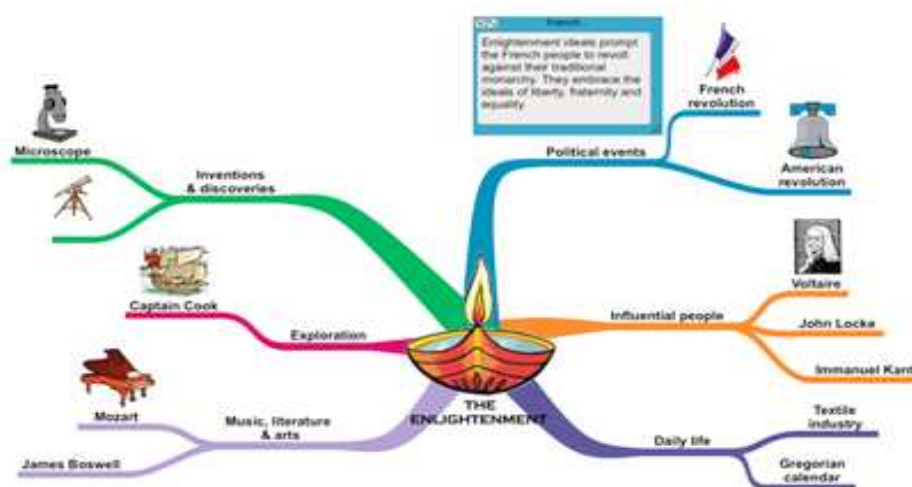


Figure 3 A mind mapping concept of learning methods

Conclusion: Towards a complementary use of mapping methods

The systematic comparison of the four methods in terms of their application parameters and their exploratory use in teaching has shown that the combined, sequenced use

Of the two methods can provide a number of benefits that go beyond the possibilities of each individual method alone. In future research these exploratory findings should be examined using an experimental design with follow-up surveys among participating students in order to measure more accurately how the effects of the two methods differ. Such experimental studies could also reveal differences in student learning styles and a more adequate matching with respective visualization methods. In this way, one can analyse whether the additional cognitive load (and additional time investment) resulting from teaching more than one visualization technique has paid off in terms of a sustainable learning effect.

A different future research route is to develop mixed mode visualizations that combine the strong points of the two methods, as for examples the straight forward rules of concept maps, the simplicity of mind maps. Yet such 'hybrid formats' are probably limited in their application scope: they make sense only for specific topics, as in this case story plot visualization for

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procedural knowledge (to teach project management concepts). It is doubtful whether such formats could ever compete with the simplicity and application scope of concept maps or mind maps. Nevertheless, inventing such hybrid forms could also be a new way to foster the visual literacy of students: Besides applying ready-made visualization techniques to learning tasks, students could venture to create their own methods to represent and study learned content visually. They could, for example, develop re-usable graphic templates to be used by their peers in subsequent classes to structure key content of the class systematically. Related to this topic is another future research question regarding the differences between the software-based use of visual methods, and their 'analogue' application using pen and paper: Future studies should examine under which conditions and for which relative benefits software-based approaches (as the ones depicted in Figures 1–3) should be used, and in which contexts simple pen-and-paper methods may be superior. One obvious advantage of the software-based approach is that it lends itself easily to e-learning contexts where the visual methods can be viewed or edited remotely by all learners via application sharing.

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Relational Dynamics of MSM Population

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ABSTRACT

The aim of present study was to cast a glance on the dynamics of interpersonal relationships of Men who have sex with Men (MSM). Sample of 50 MSM were selected through purposive sampling technique age ranged from 16 to 40 years from Bharosa (Trust on MSM). Thematic Apperception Test (Indian adaption by Dr. Uma Roy Chowdhary) was administered on the participants. Result revealed that conflicting interpersonal relationships of MSM with their significant others specially father.

Keywords: *Dynamics, MSM Population*

There are lots of men who are practicing same sex activities due to various reasons like their orientation or just for pleasure and any other reason. While there is die hard rules and laws which construe same sex activities as a criminalizing and punishable act in all over the world and in India too. Same sex behavior is not a socially accepted norm in India. It's a taboo identity and behavior both at global level. But male to male sexual behavior is major concern because it has been denied in most of the part of the world including India, and that is the major reason that MSM population is invisible and hard to trace while according to WHO SEARO, 2010 estimated population of MSM in India is 23, 52, 133 and it is growing day by day. Talking and any kind of discussion about any kind of sexual behavior are prohibited in public domain by Indian civil society and the government, and same sex behavior has been declared criminalize by section 377, Indian penal code, 1860.

In spite of having sexual identities MSM share behavior identity. The term “Men who have Sex with Men” (MSM) addresses to those who engage in sexual relationships exclusively with other men (homosexuality) or who engage in sex relations with either men or women (bisexuality). *Men who have sex with men* have been used in HIV literature since at least 1990 by epidemiologists when many new HIV infections were identified among those who were behaviorally homosexual in Western & Asian countries (Young and Meyer, 2005).

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The acronym *MSM* had been in use in public health discussions the coining of the initialize by Glick *et al.* in 1994 "signaled the crystallization" of a new concept. MSM is not a behavior which is developed by any mental disorder nor is it any mental or physical depravity. MSM is a choice of sexual behavior it's not all about sexual orientation. But some researchers found relational worldview aspect behind MSM behavior. As this miniscule population is considered as deviant population, people living drifted away from social norms. Crucial issues of their life which they witness are their interpersonal relationship. Hence for them relationship is a highly sensitive issue.

Interpersonal relationships have been identified as more important than anything else in making our lives meaningful (Adler, Rosenfeld, & Proctor, 2001). Humans are born to relate with one very significant person from their primary caregiver to their partners and their grand children respectively at different stage of life. Interpersonal relationships are dynamic system that changes during continuously during their existence. Each and every relationship has a beginning, a lifespan and an end. From beginning to the end relationship grow improve as people know each other and become closer emotionally or it deteriorates as people set aside, not able to manage interpersonal conflicts and frictions, hence interpersonal relationships are a dynamic system and it can be called relational dynamics. Relational dynamics does not refer only to by birth relationships like father, mother, siblings, spouse, and maternal or paternal relatives but it also emerges friends, helpers, colleagues, and other whom one's consider a significant in his circle of life.

There is paucity of research concerning the interpersonal relationship of the MSM. Further the prevalence of the MSM and their increasing member day by day. As being stigmatized, sexually minor and hidden population they were studied just for stipulated issues like HIV/AIDS and STI. Facing the different kind of social, personal and interpersonal issues in their day to day life, here an effort was done to explore the dynamics of their interpersonal relationship in their relational world.

The present study focuses on to explore the dynamics of interpersonal relationship of MSM population. An attempt was made to understand the relational world of MSM population.

METHOD

Participants

The participants of present study compromised of MSM from Lucknow. Method of sample selection was based on purposive sampling technique age ranged from 16 to 40 years.

Instrument

The Indian adaptation of the TAT by Dr. Uma Roy Chowdhary was used. Only 5 cards were administered which were two neutral cards- Card no. T(2) and T(6), two cards depicting interpersonal conflicts Card no T (3MB) and T(4MB) and lastly a blank card.

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Procedure

The researchers initially approached to Bharosa Trust in Lucknow for facilitating the study. Bharosa is basically involved in providing social and medical support to the MSM community. Bharosa assisted in establishing appropriate rapport with the participants, after that participants were introduced with the TAT with the instructions “I am going to show you some pictures, one at a time, and your task will be to make up a story for each card. In your story, be sure to tell what has led up to the event shown in the picture, describe what is happening at the moment, what the characters are feeling and thinking, and then give the outcome. Tell a complete story with a beginning, middle, and end. Do you understand? I will write your stories verbatim as you tell them. Here’s the first card.”

Research Design

The present study was an ex post facto research with an exploratory orientation.

Data Analysis

After administered TAT, analyses of the stories were done with the help of Bellak TAT Blank and Analysis Sheet.

RESULT AND DISCUSSION

The perception of these participants on administered TAT cards was sought in terms of interpersonal conflicts as well as their relational dynamics. TAT responses were analyzed on some basic points as manifest contents and latent contents. Manifest content has descriptive features where latent content consists of interpretative value. One main thing to consider in the interpretation of the TAT is that the pictures are best seen psychologically as a series of social situations and interpersonal relations. Another way to consider them is that all characters in the stories are projected aspects of the self, keeping in mind that they may represent the ideal self, the real self, the feared self, etc. Bellak (1947) says "A repetitive pattern is the best assurance that one does not deal with an artifact".

The data obtained was exhaustive and qualitative in nature. Keeping this in mind, data were analyzed on the major point Hero, Need, Press, Thema and Figures and objects Introduced/omitted according to Bellak TAT Blank and Analysis Sheet.

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Table 1.1: TAT analysis table in terms of Hero, Need, Press, Thema and figure introduce/omitted

Card no.	Hero	Need	Press	Theme	Figure Introduced	Figure omitted
T2	Male	Achievement Affiliation	Lack of harmonious interpersonal relationship, Lack of education and money	Down trodden family , poverty, educational & economical deprivation and interpersonal relationship conflict (with father), helplessness	School, House, village	Man, girl, old lady , small child
T6	Male	Achievement Affiliation	Contamination, educational deprivation, interpersonal relationship conflicts.	Down trodden family poverty, educational & economical deprivation and interpersonal relationship conflict (with father), helplessness	Fisherman, people, villagers, town, pollution in the river,	Boat,
T(3)MB	female	Achievement Affiliation	Lack of harmonious interpersonal relationship, capricious discipline	Down trodden family, poverty, deprivation and interpersonal-relationship conflicts (father), helplessness	Father, Friends, alcohol	Boy
T(4)MB	Male	Affiliation	Lack of harmonious interpersonal relationship,	Down trodden family Poverty, deprivation and interpersonal-relationship conflicts, helplessness	Mother	—

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Blank Card	Male	Achievement Affiliation	Lack of harmonious interpersonal relationship, education and money	Down trodden family, Poverty and deprivation of education.	Family and its member, education, friends, chronic illness (cancer), doctor	—
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Hero

As in the interpretation of TAT; Bellak considered that hero is the figure with whom the subject identified with himself. As shown in table 1.1, it was found that participants identified themselves with same sex as hero except in the card T(4)MB. In the response story of T(4)MB participant did not identified themselves with same sex clearly. To the extent this showed that participants had little conflict with their self. Manifested content of the stories showed the demographic picture of the present MSM sample according to which it can be easily said that MSM population belong to low socio-economic status with little or no educational background. It showed that participants demographically projected themselves in their stories. In some cases heroes had maladapted behavior by getting in wrong company from their younger age or school days.

Need

Murray (1938) described needs as a, "*potentiality or readiness to respond in a certain way under certain given circumstances*". Focusing on table 1.1; in present study it was found that participants were projected two major need and that are need of achievement and need of affiliation and they also projected achievement motivation which was depicted in stories as they quoted, "*Mehnat se padhai ki aur ...naukari mil gayi* (study hard and got a job), "*Apna sara dhyani padhai likhai pe lagaya ... zile ke collector ka pad hasil kia.*" (Put focus on education and became the district collector). Participants projected hero in highly need of affiliation, which was manifested in their stories as hero's need to relate with others and it can be interpreted that this need emerged from the conflicting relationship and deprivation of love and affection from their significant others like parents.

Press

Press is effective and significant determinants one's behavior in the environment. "*The press of an object is what it can do to the subject for the subject- the power that it has to affect the well being of the subject in one way or another.*", Murray(1938). In simple words press can be any environmental attribute which facilitates the efforts of individual to drive towards need satisfaction. On analyzing manifested and latent both content of the stories presses were hero's

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conflicts to the extent on both interpersonal and intrapersonal level. As they manifested in their stories that hero doesn't have cordial and harmonious relation with his significant others most importantly with his father. Other presses are poverty, and lack of affiliation and capricious discipline as mentioned in table 1.1.

Thema

Thema includes the instigating situation (press) and the need that is operating. Thema is a dynamical structure of need and press interaction (Murray, 1938). Table 1.1 summarizes all the themes which emerges from the plot of the stories is broadly a down trodden family which have economic deprived and conflicting interpersonal relationships between hero and his parent (Father). And another theme on the basis of latent affect in the plot is helplessness which depicted in each and every story.

Figures and objects Introduced/omitted

As analyzing the story it was found that participants introduced/omitted characters and objects in their stories e.g.: father (dead), boat man, old man, doctor, fishes, children, school, village, harvest etc (table 1.1). And in TAT figures or objects were not only considered as figures but they have their own meaning as significant relations or person of life and inclusion/exclusion of figures and objects both shows dynamics of interpersonal relationship as well as high need for aggression, nurturance and money and denial, repression or anxiety respectively (Groth-Marnat, 2003) of the subject which he projected in the story through the hero. On the basis of the manifest content of the stories and introduction and omission of the figures it can be fairly said that subjects have conflicts regarding close and significant relationship like parent-child relation and subject has need for aggression, nurturance, and money for example many of the subjects quoted, "*wo pita se apni baatein nahi kah pata tha...*" (He did not say things to his father). This line reflected the need for nurturance and affiliation.

An overview of overall analysis and interpretation we found that MSM population have friction in their family and they have entangled relational dynamics with full of conflicts in their close and significant relationship like parent-child and friendship.

CONCLUSION

Findings emerged from the present study: MSM population has little conflict with their physical self which was depicted on analyzing the stories in terms of Hero. MSM population has high need of affiliation and need of achievement. Deprivation in terms of nurturance, belongingness, harmonious relation with father, education and money are the major presses or environmental forces in the life of MSM population.

Overall present study was an effort to explore the dynamics of interpersonal relationship among MSM population. The study of the MSM sample highlighted the fact that the relationship

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of MSM population with their parents has been conflicting, moreover its can be said that father-son relationship was more conflicting and full of frictions.

IMPLICATION

After analyze of the present study brought to the fore the fact that interpersonal relationship one can understand MSM population better and further intervention can be planned which would facilitate them towards acceptance, adequate social support, healthy optimism, life satisfaction, in other words enriched quality of life.

This would not only make their life more meaningful by including them in main stream, it will also send a message to our policy makers, activists and social reformers to visualize effective plans for such sample.

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Mind and Body in Mulla Sadra's Philosophy: A Psychological Relationship

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ABSTRACT

Mind body problem is the old philosophical debate many philosophers in all ages have engaged to solve the problem. Despite the efforts have been done by many philosophers of mind but still they are not able to provide a reasonable explanation of the problem, however, Islamic philosophers before MullaSadra also could not solve this problem. But MullaSadra introduced one new philosophical principle, such as principality of existence, intensity of being and substance in motion that succeeded to justify mind-body problem. This paper deals with the historical background of this issue and then goes through the psychological idea of MullaSadra on the relationship between mind and body.

Keywords: *Mind-Body Problem, Mulla Sadra, Psychological Relationship.*

Greek and Muslim philosophers discussed the question of the nature of soul and its relation with body. Before we come to discuss the views of Mulla Sadra on this issue it may be related to briefly introduce the ideas of two great philosophers, Aristotle and Plato. According to Plato, soul is a simple substance that is unlimited and generates all things and, while bodies it is immortal. Plato also believed but the soul and body are distinct from each other and this made his position dualistic in an ordinary senses. The soul is known as a simple substance but body is compounded or composite. The body consists of four elements of fire, water, earth, and air but soul is indivisible. The soul, more ever is of three kinds namely spirit, appetite, and intellect. Intellect is close to soul and appetite is close to body. When Plato spoke about the intellect or wisdom, he took wisdom to mean remembering rather than learning. Wisdom was exact opposite of ignorance and as such was closed to the intellect of soul. The idea of Aristotle about soul on the other hand is based on the concept of form which can be known as soul of body. According to him Soul is the perfection position for natural body. Soul and body are related to each other.

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Soul is the form of body and body is the matter of soul. Soul is also the function of body. It was like the knife and its function of slicing something. The knife in the case was the matter and the function of slicing its form. Aristotle opposes the idea of Plato who that the soul and body can be separated from each other. According to Aristotle, soul is the emulative actions of body and soul cannot be separate from body. The soul also represented actuality while matter was potentiality. Potentiality meant matter which has not yet become actuality. Actuality was the form of matter. There could not be separation between form and matter just as the wax could not be separated from the impression imprinted in it. Aristotle thus rejects Plato's theory of dualism. He believed that body and soul are made at the same time and there is no priority of one over the others. MullaSadra's position is close to the above idea of Aristotle. But Aristotle doesn't believe in the eternality and immortality of soul. Since soul is not able to exist without body. There is no other world and there is no life after death. But Mulla Sadra and Avicenna rejected this idea while accepting the co-existence of soul and body as held by Aristotle. Avicenna says that the intellectual part of soul will not die after body's death. Sadra held the same view of the immortality of soul following the doctrine of Quran. Another philosopher who is concerned with this subject is Plotinus who approached it from perspective of mysticism. He says that soul is sent from a spiritual realm to body. Body is the recipient and confinement of soul in this world. In opposition of Aristotle, he believed soul and body are two different beings that connect be integrated into a whole.(Fazlul Rahman, 1975).

Plotinus divided souls to in three kinds: the intellectual soul, the animal, and the plant soul. Plotinus accepted the existence of souls in world and he recognized them as individual souls that admit modifications. The Muslim philosophers like Ibn Sina and MullaSadra who followed Plotinus held more or less similar views. Avicenna being also the follower of Aristotle prefers to call soul as perfection that takes into account both the material and spiritual view. It is perfection because matter doesn't have the ability to become perfect without soul. The concept of perfection is preferred over potentiality for the definition of soul, because potentiality has two powers of perception and motivation that are in the category of passivity and actuality but such a concept cannot define soul perfectly. Perfection itself is of two types. First type of perfection is where the soul is integrated with its matter and show latter in its completed form. It is like in the case of bed which made by wood. The wood is the matter of which the bed is the completed form. The second type of perfection is seen for example in the case of knife slicing on object. in this case; knife is the matter which slicing is the form and the function. The soul represents the

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first kind of perfection in regard to soul because the soul is not a function of the body but is its perfected state and integrated with it. Mulla Sadra says:

“The soul is the first entelechy for natural body, but not for all natural bodies since the soul is not entelechy for fire or land, rather in the natural world it is first entelechy for natural body that can make second entelechies via some tools which help it to do life actions, like feeling and volitional motion”(Mullà Sadrà, Asfar, 1981, v, 8, p. 17).

Mind-body relationship in philosophy of Mulla Sadra

Since Mulla Sadra believes motion in substance, he talks of movement of soul starting from material soul to eternal soul. The body gives from childhood to become old but the truth and reality of a person remain stable. Man has awareness of his being and such awareness shows the separation of soul from matter which is not eternal. Mullasadra is in the category of philosophers who believes the spirituality and eternality of soul. Soul remains after death and the destinations of soul and body are different. But when the soul is still in the generative stage (Takvin)it needs matter and as long as it needs matter its destination same as matter but when soul get free of matter, it finds its own destination which is different from matter. Thus the motion which is in substance is a process of growing from lower stages to the stage of perfection. Soul and body are created at the same time and at that time they are of same level. But after some time soul develop itself toward intellect and then it becomes simple and eternal.

Mulla Sadra have two main explanation about soul that as follow;

“I call every active faculty (quwwafā‘iliyya) which produces traces not in a univocal (or: one and the same) way “the soul”. This expression names this faculty not in the respect of its simple (non-compound) essence, but in the aspect of its being the principle (or: source) of such-like acts; i.e., acts that occur not in a univocal manner–J.E” (MullàSadrà, Asfar, 1981, v, 8, p. 5).

The second one also defines the soul in respect to its actions, but in this case–by stating that they are carried out through one or more intermediaries, not directly:“We treat as the soul the faculty of the natural body whose rank is such that it performs its acts by employing (literally: “by making serve to itself”) (istikhdām) other faculties [that are] under it” (MullàSadrà, Asfar, 1981, v, 8, p. 17).

This second definition cannot be properly understood if considered without connection with Sadrā's famous principle “the soul is all faculties” (al-nafskull al-quwa), which (principle) is a branch and an instance of the more general principle, mentioned above, namely “a thing

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which is simple is all things" (basīt al-haqīqakull al-ashyā'), which is to be understood to the effect that a more intense degree of existence contains in itself all weaker ones.

"As the soul grows up in its existence, body will be more delicate and more limpid and its connection with the soul will become more intensive. Then the unity of the two will be more powerful so that it can reach the degree of intellectual existence which means being a single entity with no distinction"(Tūsī and qutb al-din Rāzī,1996).As to the question whether soul is existed from eternity or it originated in time, different Islamic philosophers gave different answers some of them believed soul to be originated in time while others are had the contrary idea. Mulla Sadra himself believed that, the soul originated in time and was created along with matter. Before him Avicenna and Al-Ghazali also believed in the originated soul. The critical question was what wins the time of creation of soul? Some philosophers believed that the soul is created before the creation of body while others said it is created after body. But Mulla Sadra says that the soul is created simultaneously with the creation of body. The soul of man didn't exist before body but come into existence alongside the body and is the state of any action that it reaches to perfection and become simple with the help of substance in motion. In time with other Greek and Muslim thinkers, Sadra also spoke of three types of soul. i.e. the plant soul, the animal soul and human soul. The plant soul is related to liver, animal soul is related to heart and the soul of man to brain (Intellect). These three types of soul are together in creation. The plant soul is created first and next the animal soul and finally the human soul that is highest is created. There is no any life for the souls of plants and animals after death. When the bodies of plants and animals are annihilated, their souls are destroyed, too. But the soul of man remains after death because it is connected to intellect which is eternal, (Mosleh, Javad,1973).

The classification of soul in philosophy of Mulla Sadra is as follow;

Further, Mulla Sadra says; *1. The soul of plant consists of faculty of feeding, growing and reproduction. 2. The soul of animal consists of two parts of motive power, perceptual faculty. 3. The soul of human being is also divided into two parts of theoretical faculty and practical faculty or practical intellect.* Theoretical faculty of intellect has four parts of material intellect, habitual intellect, actual intellect, and acquired intellect. Against the general view that the soul is spiritual and eternal and mortality belongs to the realm of matter. Mulla Sadra says that, it is not reasonable to say that soul is immaterial and completely different from matter that the soul as intellect in itself is added to a body. Basically, indeed, there is no difference between soul and body. Originally, the soul wasn't immaterial but as substance in motion, it moves itself to the

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state of perfection. It is a contradiction to think that man can be made from a corporeal matter with an intellectual form added to it unless some intermediary would be there to connect the two. The humans have two parts of body and soul and these represent the existence of him at two different levels. But, ultimately they are one entity which is both changeable and stable. Mulla Sadra says:

So we say—and from God is the succor—that their saying: “the soul is in movement because it is the first mover” is a sound view which has been demonstrated. From that [view] it does not entail that the soul is one of the bodies. As for its movements by itself [or by its essence] according to the intensity, its explanation [by us] has been established by the demonstration. It has already been mentioned clearly and in allusion that it has continuous substantial developments and [continuous] essential metamorphosis from the level of sensation to the level of intellection. At times it unites with the [external] sense [organ], and that is at the beginning of its creation and generation; [at times] it advances and reaches the level of imagination, then it unites with the faculty of imagination if it reaches a station when the intelligible forms are present before it and it witnesses [them], then it becomes an immaterial intellect, purified in its essence from the bodies and corporeality, (MullaSadra, al-Asfār, 1981, v. 8, p. 244-245). The connection of soul and body are necessary and this soul necessary related to corporeal body so the truth of soul is related to body, it is not accidental to the body, (Ibid, vol. 8, p. 12.).

The soul and body are not independent of each other. They are interdependent and the relations between them are essential. They are one reality or one being which is seen from two different perspectives. According to Mulla Sadra:

The human soul exists before the creation of body, without needing the reincarnation (tanāsokh) or the eternality (qidam) of the soul—which Plato believed in—...and there is no problem with the division of the united soul into multiple souls or to say that the soul has been doing nothing before the creation of body...as if the existence of the spirits (arwāh) before bodies is one of the requisites of the Imamite Shi' as. Āḥanī, G.H. (1962). Mulla Sadra separated soul from the realm of spirit although according to Quran, soul is spirit which is created before the matter and body. According to Mulla Sadra, the soul of man consists of three kinds; material, ideal and intellectual. The material soul is pertains to potential state like seed before growing into a tree. The ideal soul of man is also potentiality but in the animal mode. The intellectual soul of man represents him complete actuality where the intellectual human soul stays with body and has

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movement. But after getting free of body it causes to have any motion and becomes stable. The consciousness or awareness which humans have is because of this intellectual soul. In the self-awareness knowledge is the same as knower and when we receive knowledge, the substance of soul starts moving. While the soul is in body, it has such a motion but as said, after getting free of body, it doesn't have motion.

“The five perceived ones (i.e., things perceived by five external faculties of the soul – J.E.)...Are hidden (ghaybiyya) (i.e., not perceived externally–J.E.) luminous likenesses that exist in another world, not the qualities that are called “the sensible ones” (mahsūsāt) [which are not perceived] otherwise than accidentally, and they (the qualities essentially perceived by the soul–J.E.). Are psychic qualities (kayfiyyātnafsāniyya), and if you want to learn the truth, [you must know that] these faculties do not subsist by the bodily parts, but rather the bodily parts subsist by their command, because the demonstration shows unshakably that if something inheres in some other thing and the existence of this inherent thing in itself is its very existence in its locus, [then] it is impossible that it would exist in one world and its locus–in another. Hence, the inherent thing and that in which it inheres [both] are in one [and the same] world, and the perceiver and the perceived are of one kind”. (MULLA SADRA, 1962).Mulla Sadra believed in the materiality of soul. He brought some arguments in Asfar to prove materiality of soul. He said there is movement in material or external world and in soul, too. This argument obviously follows the theory of substance in motion which is an exclusive theory of Mulla Sadra. As said before, soul can find its own way and get free of material body with the help of motion which is essential in substance. The soul has motion too because soul will reach perfection with the help of body. According to him: He says about materiality or immateriality of soul as follow:

“In truth, the human soul is corporeal in existence and disposal, and spiritual in subsistence and intellection. Hence, its disposal in the body is corporeal, whereas its intellection of its essence and of the essence of its maker is spiritual. As for the immaterial intellects, they are both spiritual in essence and in act; the natures are both corporeal in essence and in act. So each of those [two] substance has a known station, which is not the case with human soul. That is why we judge its development at different levels. Because its disposal in the body is not like the disposal of the immaterial intellect in the body, for by its essence it is the direct agent of inducing particular movement and particular perceptions in the way of passivity and seeking for perfection, and not in the manner of emanating and originating [I.e., creating], (Mullà Sadrà, 1981, Al-Asfar, v. 8, p. 348).He says in another place:

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“You must know that the soul, which is the form of the human being, is corporeal by its[temporal] origination (jismāniyyat al-hudūth) and spiritual by its subsistence (rūhāniyyatalbaqā’),because, as it was established earlier, the passive intellect is the last of the corporeal meanings and the first of the spiritual ones. The human being is a road stretched between the two worlds, and he is simple by his spirit, but compound by his body. The nature of his body is the purest of the earthly natures, and his soul is the first of the levels of the noble souls. He has a rank that permits him to assume an angelic form. When he turns away from what befits him best, [then] he deserves that [to which he has turned himself] rather than ascent to the ranks of the noble ones. He takes off the human form, and the angelic form eludes him, and through his actions he assumes either devilish, or [predatory] beastly, or brutish form, and remains in the flame of fires, without ascending to the degrees of gardens”(Mulla Sadra, (1987), *Al-Shavahid Al- Rububiyyah*, p. 311).

In conclusion, the philosophers who followed of Aristotle such Avicenna, believed that, soul is stable and there is no motion in it but Mulla Sadra believed that since soul needs body, it has motion though when it gets free of body and reaches perfection, it becomes stable and without motion. In other words Mulla Sadra accepts the motion of soul in this world and also accepts the stability of soul after life of this world. In Asfar he says:“The soul is created by time at the same time that perfect bodies are created, since the vegetal soul is tempered to body and is the form of body. Therefore origination of the foetus body is for the soul that is the form of body.”(Al-Asfar, vol. 8, p.330).

According to him soul is one part of material body and it is the form of body at the level of plant soul and he develops to become rational soul that is free of matter. MullaSadra tries to justify his intuition that the soul did not exist before body and that it existed only with body at the same time. He wrote:“Remember the story of the human soul's fall from the sacred world to this world, the location of corporeal nature which is like the cradle and the homeland and the mother of the animal soul. This has been stated in the prophets' words and the great sages and holy men's allusions, (Asfar, Vol. 8, p. 355).In this context he also quoted the following verse from Quran: “When the God drew forth from the children of Adam- from their loins—their descendants and made them testify concerning themselves (saying) am I not your lord (who cherishes and sustain you)? They said; yes we do testify (this lest ye should say on the day of judgment of this we were never mindful)” (QURAN, Al- Araf, 7, verse, 172).This verse of Quran makes clear that man existed before he comes to his body. The soul didn't exist before body. If

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the soul was created before material world then the separation of soul and body should be there but he didn't believe this Platonic idea because if the soul is something apart from body, then how could the soul renew itself to perfection. Thus if we accept the progress of the soul to perfection then we have to accept the creation of it at the time of body; otherwise there will be contradiction in it,(Sadra, Al-Asfar, vol. 8, p. 330).The Islamic philosophers like Avicenna also believed that there is only one soul for one man and it is the origin of action. Mulla Sadra on the other hand says that, soul is all of the powers in its unity. All the actions which are caused by a soul are done in itself. According to mulla sadra that Soul or self is simple intellectual existence which is known as one of the form in divine knowledge (Seyed Mohamad Khamenei, 2004); the important question here is if the soul is the intellectual form in divine love how can it connect to body? Before discussing this question, we must first clear the idea of Mulla Sadra about matter. According to him matter is the lowest level of existence and because of this low existence; it has low consciousness, too. We cannot say matter is nothing. Matter is potentiality ever striving to become the actual form. The relation between soul and body is the relation between form and matter. It means both of them need each other and such a dependency is necessary. The soul is not simple and eternal at first but it has ability to become immaterial and simple after getting perfection. Therefore Mulla Sadra says:

Body or matter is the lowest level and intellect is the highest level of existence. Body is in soul and soul is in intellect. It means the existence of man comprise of three steps: first the bodily existence, the second the soul with body and the third the intellectual being. As body and body with soul, human being has organic existence and is not stable but the intellectual is spiritual and stable.“The carrier (or: subject) (hāmil) of all faculties of the human soul and its vicegerent is the vaporous animal spirit, which emanates from the pure and subtle part of the mixtures (ikhlāt) in the same way as the [bodily] members emanate from their (mixtures’–J.E.) impure and dense part, its (animal spirit’s–J.E.) locus of origin being the conically shaped heart” (Sadr al-Dīn al-Shīrāzī, 1979).“These elements and pillars continue to mix perpetually, until finally [their mixing] results in[giving existence to (?)] the human body. The human body [, in turn,] continues to refine and unify itself, and to purify and to change itself, until this results in its [animal] spirit – the one which is a subtle body that emanates from the heart, from its left cavity. In respect to its purity and refinement, its light and luminosity, and its distance from the opposites (closeness to which causes corruption), this animal spirit resembles the body of the celestial sphere. Therefore it becomes the mirror for the rational soul, through which it perceives existence in its entirety” (Mulla Sadra, 1987. Al-Shavahid Al- Rububiyyah, p. 311).

CONCLUSION

Psychosomatic is the idea that is common both in abnormal psychology and in medicine. It is also known as holistic view to the mind-body problem that is based on the some questions regarding to the etiology of disease. The point is that there are some diseases and mental disorder that is based on organic problem but these problems can be studied in psychological matter. But there are another problems like behavioral disorder and mental problems that we are able to find a perfect defined organic cause; such a problems like stress, and anxiety etc., have psychological causes. The above mentioned indicates to the intimate relationship between psycho and soma and form the basis for the psychosomatic or holistic viewpoint. Thus, it is the result that every disease, organic or mental, is the disease of the whole organism so we should not study organism as two entities that are separated from each other but they should be known as one unified. This psycho-somatic idea can be close to the theory of mind-body relation in philosophy of Mulla Sadra. He is concerning to the mind body problem that is based on his existential philosophy in which both mind and matter hold the intensity of existence. According to him mind and matter are not two strange things that are separated from each other but in intensity of being. Then both of them are different levels of human being. It means that mind and matter are same nature but only the intensity of being is there. There is no non-existence in the world. The higher in existential intensity affects the lower in existential intensity. The whole cosmos is connected, interactive and alive due to existence. However, Mulla Sadra has brought together medicine, philosophy, physics and spiritual science in his thought and created a new picture of highly connected and interactive universe.

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The Relationship between Personality Factors and Organizational Commitment among University Employees

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ABSTRACT

This present study was aimed to know the relationship between Personality Factors (Openness and Conscientiousness) and Organizational Commitment among university employees. The NEO Five Factor Inventory a 60 item Questionnaire and Organizational Commitment Scale consists of 8 items was administered on the university employees. Sample of 30 individuals were selected through purposive sampling from Molana Azad National Urdu University Hyderabad. Pearson Product Moment Correlation Coefficient was used for statistical analyses. The result revealed that there exist an inverse relationship between organizational commitment and openness and positive relationship between organizational commitment and conscientiousness.

Keywords: *Personality factors, Openness, Conscientiousness, Organizational commitment, university employees.*

Personality deals with a *wide range of human behavior*. To most theorists, personality includes virtually everything about a person—mental, emotional, social, and physical. Some aspects of personality are *unobservable*, such as thoughts, memories, and dreams, whereas others are *observable*, such as overt actions. Personality also includes aspects that are concealed from yourself, or *unconscious*, as well as those that are *conscious* and well within your awareness.

Personality is defined as, "*Personality is the dynamic organization within the individual of those psychophysical traits that determine his unique adjustments to his environment.*" (Allport, 1937).

In the 1970's, Paul Costa and McCrae were searching how personality changed with age. Personality inventories were included in the batteries of assessment participants took in the normative aging study. Costa and McCrae report that they began by looking for the broad and agreed upon traits of Neuroticism (N) and Extraversion (E), but factor analysis of also led them to a third broad trait. Openness to Experience (Costa and McCrae, 1976.)

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The first version of the NEO only included in the Augmented Baltimore Longitudinal Study of Aging (Shock et al, 1984). But here in this study we mainly focus on the two dimensions of NEO FFI developed by (Costa and McCrae, 1976.). The two dimensions are briefly discussed below;

Openness: Openness reflects the degree of intellectual curiosity, creativity and a preference for novelty and variety a person has. It is also described as the extent to which a person is imaginative or independent, and depicts a personal preference for a variety of activities over a strict routine. Appreciation for art, emotion, adventure, unusual ideas, curiosity, and variety of experience.

Conscientiousness: A tendency to show self-discipline, act dutifully, and aim for achievement; planned rather than spontaneous behavior; organized, and dependable.

Organizational commitment:

Organizational commitment is the individual's psychological attachment to the organization. It is the strength of the feeling or responsibility that an employee has towards the mission of the organization. An individual's psychological bond to the organization, including a sense of job involvement, loyalty and belief in the values of the organization (O'Reilly, 1989).

Organizational Commitment is characterized by employee's acceptance of organizational goals and their willingness to exert on behalf of the organization (Miller & Lee, 2001.)

METHODOLOGY

OBJECTIVES:

- To assess the personality factors of employees working in organization.
- To examine the organizational commitment of employees working in organization.
- To study the relationship between personality factors and organizational commitment.

HYPOTHESES:

- There will be a significant relationship between "Conscientiousness" (a dimension of personality) and Organizational Commitment.
- There will be a significant relationship between "Openness" (a dimension of personality) and Organizational Commitment.

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Participants

Simple consists of individuals (N=30) both men and women between the age range of 25-50 years; all of them were working in a government setting in Molana Azad National Urdu University Hyderabad. Purposive sampling technique was used for simple selection. Data were collected from participants from their respective places where they are sitting during office time. The present study was based on Correlational Research Design.

Inclusion Criteria: male and female between 25 to 50 years of age employees in MANUU who are having minimum one year experience in the service. ***Exclusion criteria:*** individuals not working in MANUU, less than 25 years and more than 50 years.

Research Design:

The present study was based on correlational research design. Personality factors were correlated with organizational commitment among university employees

Statistical analysis:

The data obtained are statistically analyzed by using **Pearson Product Moment Correlation Coefficient**. It is done to determine the significant relationship between Personality factors (Openness/Conscientiousness) and Organizational Commitment.

Research Instrument

The NEO-FFI-3 is a 60 item version of form S. was used to assess the domains (Openness and Conscientiousness) of Personality. The scale was developed by Paul Costa and Mc. Crae in 1970's, PAR, USA.

The Organizational Commitment Scale consists of 8 items. This scale was used to assess the organizational commitment of individuals. The scale was developed by Upinder Dhar, Prashant Mishra, and D.K. Srivastava in 2001, Vedant Publications, Lucknow.

Procedure:

The participants were seated comfortably and rapport was established with each employee. The testing environment was comfortable and free of distractions and adequate lighting was provided. A flat surface, such as desk or clipboard, on which the respondent can write and a pencil is also given. The participants were assured about the confidentiality. The researcher engaged the participants in the task of completing the test to reduce the possibility of the response sets or random responding to the items.

The NEO-FFI-3 forms S (self-report) were given to the participants along with the answer sheet and they were told to read the instructions for completing the NEO-FFI-3 on the first page. After the instructions had been read and the participants understood the nature of the

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task, they were told to turn to the second page of the booklet and to provide the identifying information requested at the top of the second page. Once it was made sure that the participants were not having any questions, they were asked to begin. There is no time limit for the NEO-FFI. Most respondents require 10-15 minutes to complete it. Then the Organizational Commitment Questionnaire was given to the participants. The instructions were given, "There is a list of statements and five cells are provided for each statement to indicate how you generally feel. There is no right or wrong answers. There is no right or wrong answers to the statements. Do not spend too much time on any one statement. Try to finish as soon as possible". Give the response which describes your feeling/opinion. Please do not leave any statement unanswered. After completing the task the participant was thanked for the cooperation.

ANALYSIS & RESULTS:

Table no 1 shows the relationship between organization commitment and openness (personality dimension)

Variables	N	Mean	SD	R
Organizational Commitment	30	29.60	3.390	-0.191
Openness	30	29.40	5.667	

Table 1: Depicts the data obtained from a sample population of 30 employees working in MANUU, The result shows that there is an inverse relationship between openness and organizational commitment.

Table no 2 shows the relationship between organizational commitment and conscientiousness (personality dimension)

Variables	N	Mean	SD	R
Organizational Commitment	30	29.60	3.390	0.381
Conscientiousness	30	33.23	6.084	

Table 2: depicts the data obtained from a sample population of 30 employees working in MANUU. There exists a positive relationship between conscientiousness and organizational

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commitment. This indicates that when people act dutifully and aim for achievement, there will be more commitment towards the organization.

DISCUSSION:

This present study was aimed at knowing the interrelationship between Personality Factors (Openness and Conscientiousness) and Organizational Commitment, among the employees. The data obtained are statistically analyzed by using Pearson Product Moment Correlation Coefficient. It is done to determine the significant relationship between Personality factors (Openness/Conscientiousness) and Organizational Commitment. The mean and SD of Organizational Commitment are 29.60 and 3.39. The mean and SD of Openness is found to be 29.40 and 5.66 respectively. The correlation coefficient is -0.191. This reveals that there is an inverse relationship between openness and organizational commitment.

The mean and SD of Organizational Commitment are 29.60 and 3.39. The mean and SD of Conscientiousness is found to be 33.23 and 6.08 respectively. The correlation coefficient is 0.381. This shows that there exists a positive relationship between conscientiousness and organizational commitment. This reveals that when people act dutifully and aim for achievement, there will be more commitment towards the organization.

CONCLUSION:

In conclusion, this study provides, there is positive relationship between Organizational Commitment and Conscientiousness. This study also added that Openness to Experience does not play a significant role in the development of organizational commitment. As hypothesized, employee's conscientiousness showed a strong positive relationship with organizational commitment.

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A Study of Relationship between Emotional Intelligence and Reasoning Ability among College Students

Shruti Saxena¹, Dr. Mukta Singhvi²

ABSTRACT

The aim of the present study is to study the relationship between emotional intelligence and *reasoning ability among college students*. The study was conducted to a sample of 150 college students (75 boys and 75 girls). Emotional intelligence scale and Reasoning ability test was used to collect data. The data was analysed using t-test. The results of the study revealed that the students possessing high emotional intelligence have better reasoning ability as compared to the students who are having low emotional intelligence. Emotional intelligence played a major role in facilitating reasoning ability of college students.

Keywords: *emotional intelligence, reasoning ability*

Emotional intelligence (EI) refers to the ability to perceive, control and evaluate emotions. Some researchers suggest that emotional intelligence can be learned and strengthened, while others claim it is an inborn characteristic. Since 1990, Peter Salovey and John D. Mayer have been the leading researchers on emotional intelligence. In their influential article "Emotional Intelligence," they defined emotional intelligence as, "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions"

Emotional intelligence (EI) is the area of cognitive ability involving traits and social skills that facilitate interpersonal behavior. Intelligence can be broadly defined as the capacity for goal-oriented adaptive behavior; emotional intelligence focuses on the aspects of intelligence that govern self-knowledge and social adaptation.

Goleman describes emotional intelligence as "managing feelings so that they are expressed appropriately and effectively, enabling people to work together smoothly toward their common goals." According to Goleman, the four major skills that make up emotional intelligence are self-awareness, self-management, social awareness and relationship management.

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Reasoning may be defined as the set of mental processes used to derive inferences or conclusions from premises. Reasoning helps to generate new knowledge and to organize existing knowledge, rendering it more usable for future mental work. Reasoning is therefore central to many forms of thought such as scientific, critical, and creative thinking, argumentation, problem solving, and decision making.

Reason is the capacity for consciously making sense of things, applying logic, establishing and verifying facts, and changing or justifying practices, institutions, and beliefs based on new or existing information. It is closely associated with such characteristically human activities as philosophy, science, language, mathematics, and art and is normally considered to be a definitive characteristic of human nature.

Reason or "reasoning" is associated with thinking, cognition, and intellect. Reason, like habit or intuition, is one of the ways by which thinking comes from one idea to a related idea. For example, it is the means by which rational beings understand themselves to think about cause and effect, truth and falsehood, and what is good or bad. It is also closely identified with the ability to self-consciously change beliefs, attitudes, traditions, and institutions, and therefore with the capacity for freedom and self-determination

Psychologists and cognitive scientists have attempted to study and explain how people reason, e.g. which cognitive and neural processes are engaged, and how cultural and emotional factors affect reasoning ability of people.

AIM:

The aim of the present study is to study the relationship between emotional intelligence and reasoning ability among college students.

OBJECTIVES:

- To study the difference in reasoning ability of high and low emotionally intelligent students.
- To study the difference in reasoning ability of high and low emotionally intelligent male students.
- To study the difference in reasoning ability of high and low emotionally intelligent female students.

HYPOTHESES:

- There will be significant difference in reasoning ability of high and low emotionally intelligent students.
- There will be significant difference in reasoning ability of high and low emotionally intelligent male students.

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- There will be significant difference in reasoning ability of high and low emotionally intelligent female students.

METHOD:

The sample consisted of 150 students (75 boys and 75 girls). The data was collected from the different colleges of Jaipur. The students in the sample were selected on random basis.

TOOLS USED:

- Emotional Intelligence Scale by Anukool Hyde, Upindher Dhar and Sanjay Pethe.
- Reasoning Ability Test by Shailaja Bhagwat.

STATISTICAL ANALYSIS:

T-test was used for the analysis of the data.

RESULTS AND DISCUSSION:

Table 1: Significance of difference in reasoning ability of high and low emotionally intelligent students.

S. No	Groups	N	Mean	SD	t-value	Level of significance
1.	High emotional intelligence	70	65.12	8.46	4.74	Significant at 0.05 level
2.	Low emotional intelligence	80	59.67	8.20		

Table 1 reveals the mean scores of reasoning ability of high and low emotionally students. Mean of both the groups are 65.12 and 59.67 and SD is 8.46 and 8.20 respectively. The obtained t-value of 4.74 is significant at .05 level. This means that high and low emotionally intelligent students differ significantly with respect to reasoning ability and high emotionally intelligent students are better in reasoning ability as compared to the students who are having low emotional intelligence.

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Table 2: Significance of difference in reasoning ability of high and low emotionally intelligent male students.

S. No	Groups	N	Mean	SD	t-value	Level of significance
1.	High emotional intelligent male	32	63.15	7.97	2.38	Significant at 0.05 level
2.	Low emotional intelligent male	43	59.33	8.72		

Table 2 shows the mean scores of reasoning ability of high and low emotionally intelligent male students. Mean of both the groups are 63.15 and 59.33 and SD is 7.97 and 8.72 respectively. The obtained t-value of 2.38 is significant at .05 level .This means that high and low emotionally intelligent male students differ significantly with respect to reasoning ability and high emotionally intelligent male students are better in reasoning ability than their counterparts of low emotional intelligence.

Table 3: Significance of difference in reasoning ability of high and low emotionally intelligent female students.

S.No	Groups	N	Mean	SD	t-value	Level of significance
1.	High emotional intelligent female	34	61.97	7.14	4.22	Significant at 0.05 level
2.	Low emotional intelligent female	41	56.17	6.57		

Table 3 indicates the mean scores of reasoning ability of high and low emotionally intelligent female students. Mean of both the groups are 61.97 and 56.17 and SD is 7.14 and 6.57 respectively. The obtained t-value of 4.22 is significant at .05 level .This means that high and low emotionally intelligent female students differ significantly with respect to reasoning ability and high emotionally intelligent female students are better in reasoning ability than their counterparts of low emotional intelligence.

CONCLUSION:

- There is significant difference in reasoning ability of high and low emotionally intelligent students.
- There is significant difference in reasoning ability of high and low emotionally intelligent male students

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- There is significant difference in reasoning ability of high and low emotionally intelligent female students.

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Suicide Tendency among Widow and Non Widow Women

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ABSTRACT

Purpose of this research is to comparative study of suicide tendency among widow and non widow women. The sample consisted of 80 women out which 40 were widow women and 40 non widow women. Collected data from the women as suicide tendency scale of Dr. R. G. Meghnathi. The obtained data were analyzed though “t” test to know the mean difference between the two groups widow women and non widow women in Rajkot city (Gujarat). The results show that there is significant difference in the suicide tendency level of the widow women and non widow women.

Keywords: *Suicide Tendency,*

Suicide, also known as completed suicide, is the "act of taking one's own life". Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death. Assisted suicide is when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. This is in contrast to euthanasia, where another person takes a more active role in bringing about a person's death. Suicidal ideations is thoughts of ending one's life but not taking any active efforts to do so. There is discussion about the appropriateness of the term commit and its use to describe suicide. Those who object to the use of commit argue that it carries with it implications that suicide is a criminal, sinful or morally wrong act. There is growing consensus that it is more appropriate to use "completed suicide," died by suicide or simply "killed him/herself" to describe the act of suicide. Despite this, "committed suicide" or similar descriptions are the most common in both scholarly research and journalism. Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection. There are effective strategies and interventions for the prevention of suicide.

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Suicide Tendency among Widow and Non Widow Women

Hinduism does not approve suicide. Hindus believe that human life is very precious, which is attained after hundreds and thousands of births and provides an unique opportunity to each individual to make a quantum jump into higher planes of existence or attain immortality. Even gods and other celestial beings do not have this opportunity unless they come down to earth and take birth as human beings.

The story of suicide is probably as old as that of man himself. Through the ages, suicide has variously been glorified, romanticized, bemoaned, and even condemned. Be it the tragic Greek heroes Aegeus, Lycurgus, Cato, Socrates, Zeno, Demosthenes or Seneca; or the Roman figures Brutus, Cassius, Mark Anthony or the Egyptian princess, Cleopatra; or Samson, Saul, Abimelech and Achitophel of the Old Testament; or the suicide bombers in the present world, the universality of suicide transcends religion and culture.

An understanding of suicide in the Indian context calls for an appreciation of the literary, religious, and cultural ethos of the subcontinent because tradition has rarely permeated the lives of people for as long as it has in India. Ancient Indian texts contain stories of valor in which suicide as a means to avoid shame and disgrace was glorified. Suicide has been mentioned in the great epics of Ramayana and Mahabharata. When Lord Sri Ram died, there was an epidemic of suicide in his kingdom, Ayodhya. The sage Dadhichi sacrificed his life so that the Gods may use his bones in the war against the demons. The Bhagavad Gita condemns suicide for selfish reasons and posits that such a death cannot have “shraddha”, the all-important last rites. Brahmanical view had held that those who attempt suicide should fast for a stipulated period. Upanishads, the Holy Scriptures, condemn suicide and state that ‘he who takes his own life will enter the sunless areas covered by impenetrable darkness after death’.

However, the Vedas permit suicide for religious reasons and consider that the best sacrifice was that of one's own life. Suicide by starvation, also known as ‘sallekhana’, was linked to the attainment of ‘moksha’ (liberation from the cycle of life and death), and is still practiced to this day. Sati, where a woman immolated herself on the pyre of her husband rather than live the life of a widow and Jahuar (Johar), in which Rajput women killed themselves to avoid humiliation at the hands of the invading Muslim armies, were practiced until as recently as the early half of the 20th century; stray cases continue to be reported*.

OBJECTIVE:-

The purpose of present investigation was to investigate symptoms of suicide tendency in widow women and non widow women.

HYPOTHESIS:-

- To study the suicide tendency of widow women.
- To study the suicide tendency of non widow women.

Suicide Tendency among Widow and Non Widow Women

- To study the difference between suicide tendency among widow women and non widow women.

VARIABLE:-

- **INDEPENDENT VARIABLE –**
Widow women and non widow women.
- **DEPENDENT VARIABLE-**
Score on suicide tendency scale.

SAMPLE:-

The sample of present study consisted 80 people living in the Rajkot city (Gujarat). It consisted 40 widow women and 40 non widow women.

TOOLS:-

In this study suicide tendency scale developed by Dr. R.G. Meghnathi was used.

STATISTICAL ANALYSIS:-

‘t’ test was applied to know the difference between the suicide tendency level of widow women and non widow women

TABLE

Group	N	MEAN	SD	t	Sing.
Widow women	40	89.44	14.84	2.70**	0.01
Non widow women	40	81.06	12.80		

The above table shows the levels of suicide tendency of widow women and non widow women. Where in widow women mean is 89.44 where as for non widow women it is 81.06 and SD14.84 and 12.80 for both castes. ‘t’ level value is 2.70 and its level of sig is 0.01 “t” score of widow women and non widow women is 8.00 it is more than critical value 2.59(0.01). So it is significant.

Suicide Tendency among Widow and Non Widow Women

CONCLUSION:-

There was significant difference between widow women and non widow women regarding the level of suicide tendency. It means level of suicide tendency more in widow women.

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Emotional Maturity in Women

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ABSTRACT

This present a study aim was to find out the effect of Working and Non-Working Women on Dimension of Emotional Maturity of both types of women living and working in Rajkot city. For this Total number of sample was 80 in which 40 working women and 40 non-working women from the age group of 24 to 48 years. Were selected randomly sampling method from various society and working office around of Rajkot city in Gujarat state as per research design. For the data collection of Emotional maturity scale developed by Roma Pal (1988) was used to measured emotional maturity of women. Questionnaires were administered to measure the dimensions of Emotional maturity of both the groups. For data analysis and concluded result 't'-test was used. The results reveal that's the working women significantly affect and difference on Emotional maturity score as compared to non working women. Working women have shown better Emotional Maturity compared to non working women. For this dimension indicate that in positive sense there was significant difference between working and non working women.

Keywords: *Emotional Maturity, Working and Non Working Women.*

Emotional maturity implies understanding of oneself, Understanding of the word and understanding of realities of life. Most of our emotional problems arise because we have not understood ourselves and our needs. Whenever there is an emotional situation, it implies an unmet need. By understanding ourselves and connection to our feeling and needs, we can fulfill our needs as well as grow into a mature person. Emotional Maturity implies controlling ones emotions rather than letting our emotions get the better of us. Our emotional maturity depicts our capacity to manage and to check our emotions to evaluate others' emotional state and to persuade their judgment and actions. A person's emotional maturity is very much influenced by his/her relationship history. Emotional intelligence makes an important part of life, together with intellectual and relationship intelligence. Such intelligence can help one to assess emotional maturity and emotional freedom. How well we can tackle any relationship, is a major discernible factor to check our level of emotional maturity.

According to Charles E. Skinner (1949), an emotionally mature person is one who is able to keep a lid on his feelings. He can suffer in silence; he can bid his time in spite of present discomfort. He is not subject to swings in mood, he is not volatile. When he does express emotion, he does so with moderation, decency and in good order.

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Emotional Maturity in Women

According to Walter D. Smitson (1974), "Emotional Maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra-physically and intra-personally."

According to Crow and Crow (1974), "An emotion is an affective experience that accompanies generalized inner adjustment and mental and psychologically stirred up states in an individual and that shows itself in his overt behavior."

According to Coleman (1944), "The most outstanding make of emotional maturity is the ability to bear tension. Besides, an emotionally matured person persists in the capacity of fun and recreation. He enjoys both play and responsible activities and keeps them in proper balance."

According to Fred Mc. Kinney (1960), "The characteristics of an emotionally matured person are heterosexuality, appreciation of attitude and behavior of others tendency to adopt the attitude and habits of others and capacity to delay own responses".

The emotional maturity is best defined as our ability to become sensitive to our environment and the people we interact with. Our perceived emotions allow us the ability to control situations and create solutions. This emotional maturity is also known as having a sense of self.

Emotion is the complex psycho physiological experience of an individual's state of mind as interaction with biochemical (internal) and environmental (external) influences. In humans, emotion fundamentally involves "physiological arousal, expressive behaviors and conscious experience." Emotion is associated with mood, temperament, personality, disposition, and motivation. Motivations direct and energize behavior, while emotions provide the affective component to motivation, positive or negative. A related distinction is between the emotion and the results of the emotion, principally behaviors' and emotional expressions. People often behave in certain ways as a direct result of their emotional state, such as crying, fighting or fleeing. If one can have the emotion without a corresponding behavior, then we may consider the behavior not to be essential to the emotion.

Emotional Maturity of Working and Non-Working Women

The emotional aspect of maturity is the most important factor in the development of the comprehensive mature personality, especially for the gifted. This is the global factor of emotional maturity which is the strength to actualize individual abilities within the frame of social demands. According to Goleman (1995), we have two minds, one that thinks and one that feels, these two fundamentally different ways of knowing, interact to construct our mental life. The rational mind is the mode of comprehension we are typically conscious of more prominent in awareness, thoughtful, able to ponder and reflect. The emotional mind is impulsive and powerful and sometimes illogical. These two minds operate in harmony with each other, most of times feelings are essential to thought, and most of the times thoughts to feeling. But when passions surge the balance tips: it is not just I.Q., but emotional intelligence that matters. Goleman rightly points out that, "It is not that we want to do away with emotions and put reason in its place, but instead find an intelligent balance of two

Emotional Maturity in Women

Emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra physically and intra-personally. Kaplan and Baron elaborate the characteristics of an emotionally mature person; say that he has the capacity to withstand delay in satisfaction of needs. He has the ability to tolerate a reasonable amount of frustration. He has belief in long-term planning and is capable of delaying or revising his expectations in terms of demands of situations. An emotionally mature child has the capacity to make effective adjustment with himself, members of his family and his peers in the school, society and culture. But maturity means not merely the capacity for such attitude and functioning but also the ability to enjoy them fully. There are many various factors are put its effect on Emotional Maturity one of them is women. Present research is done to know that effect of working and non working women on Emotional Maturity.

PROBLEM OF STUDY:

The problem of the present study is as under:

A study of Emotional Maturity and its damnations among working and non working women

OBJECTIVES OF THE STUDY:

The main objectives of present study are as under:

1. To investigate the difference of Emotional Maturity among working and non-working women.
2. To investigate the difference and compare the various dimension of Emotional Maturity of working and non-working women.

HYPOTHESIS:

The main hypotheses of present study are as under:

1. There is no significant difference between working and non working women in allover Emotional Maturity.
2. There is no significant difference between working and non working women in Emotional Stability.
3. There is no significant difference between working and non working women in Emotional Regression.
4. There is no significant difference between working and non working women in Faulty Social adjustment.
5. There is no significant difference between working and non working women in Lack of Independency.
6. There is no significant difference between working and non working women in Flexibility.

Emotional Maturity in Women

VARIABLES:

The variables of present study are having given in as under.

- **Independent variable:**

Working and non working women

- **Dependent variable:**

Total score and various dimension score of Emotional Maturity are measured by Roma Pal (1988) scale

METHODOLOGY

SAMPLE:

According to the aim of present study in participants consisted total sample were 80 in which 40 working women and 40 non-working women from the age group of 24 to 48 years. Were simple random methods selected from various society and office around of Rajkot city in Gujarat state as per research design.

TOOL:

Emotional maturity scale developed by Roma Pal (1988) was used to measure emotional maturity the scale contains 40 items with totally agree, neutral, generally, disagree and totally disagree. Response alternative the responses were marked 5,4,3,2 and 1 respectively and from the responses we had to select only one response in every sentence. 5 for tick mark totally agree, 4 for tick mark agree, 3 for tick mark neutral, 2 for tick mark disagree and 1 for tick mark totally disagree. The maximum possible score is 200 and minimum is 40. Scoring pattern shows that more score indicates less emotional maturity. The less score in the scale indicates good (more) emotional maturity. The reliability score of emotional maturity scale comes to 0.84, derived by the split half method, obtained from the sample of 200 students. The researcher of the present research has found out the reliability score as 0.81 by using split-half technique on the sample of 50 students.

PROCEDURE:

After establishing report Emotional Maturity inventory were administered individuals to every subject. All the instruction were strictly following which are been given the manual of inventory. The responses of inventory have scored as per scoring keys. This has given in the manual of inventory. The data was categories and arranged in respective table according to the stoical technique appraised.

STATICALLY ANALYSIS:

The main aim of the present research is to study and compare to Emotional maturity between working and non-working women. Scoring was done as per scoring key of the inventory to examine significantly difference between working and non working women. For data analysis 't'-test was used.

RESULTS AND DISCUSSION:

In order to the test hypotheses framed with reference to objective of the study data were analyzed using t-test. When the statistical analysis regarding the impact of working and non-

Emotional Maturity in Women

working women and its various dimension of Emotional maturity score in women both group was carried out interesting results were obtained. These results are shown in table no.1 to 6.

Table: 1

Mean, SD and 't'-ratio of group of women on score of emotional maturity (N=80)

Emotional maturity	N	Mean	SD	t-ratio	Sig
Working women	40	21.05	3.88	3.05**	0.01
Non-working women	40	17.77	4.42		

**p<.01, *p<.05, NS= Not significant

Seen the Table no. 1 indicates the 't'-value of working and non working women of overall Emotional maturity is 3.05 which is significant at 0.01 level. It means working women are significant mean difference on overall Emotional maturity score as compare to non-working women. Working women have shown better overall Emotional maturity by getting high mean score 21.05 then non working women 17.77.

Table: 2

Mean, SD and 't'-ratio of group of women on score of emotional instability (N=80)

Instability	N	Mean	SD	t-ratio	Sig
Working women	40	30.87	4.31	2.71**	0.01
Non-working women	40	27.23	5.94		

**p<.01, *p<.05, NS= Not significant

Seen the Table no. 2 indicates the 't'-value of working and non working women of Emotional instability score is 2.71, which is significant at 0.01 level. It means working women are significant differ on Emotional instability Positive score as compare to non working women. Working women have shown better Emotional instability by getting high mean score 30.87 then non working women mean 27.23.

Table: 3

Mean, SD and 't'-ratio of group of women on score of emotional Regression (N=80)

Regression	N	Mean	SD	t-ratio	Sig
Working women	40	26.21	3.87	1.54**	ns
Non-working women	40	24.56	4.54		

**p<.01, *p<.05, NS= Not significant

Emotional Maturity in Women

Seen the Table no. 3 indicates the 't'-value of working and non working women of Emotional regression is 1.54 which is not significant. Working women have shown better Emotional regression by getting high mean score $M=26.21$ then non working women 24.56 but not a significant difference at 0.05 level in between group.

Table: 4

Mean, SD and 't'-ratio of group of women on score of emotional Faulty social adjustment (N=80)

Faulty social adjustment	N	Mean	SD	t-retio	Sig
Working women	40	36.87	4.12	3.05**	0.01
Non-working women	40	33.68	3.97		

** $p<.01$, * $p<.05$, NS= Not significant

Seen the Table no. 4 indicates the 't'-value of working and non working women of Faulty social adjustment is 3.05 which is significant at 0.01 level. It means working women are significant differ on Faulty social adjustment score as compare to non working women. Working women have shown better Faulty social adjustment by getting high mean score 36.87 then non working women 33.68.

Table: 5

Mean, SD and 't'-ratio of group of women on score of emotional Lack of Independency (N=80)

Lack of Independency	N	Mean	SD	t-retio	Sig
Working women	40	18.53	2.51	3.47**	0.01
Non-working women	40	16.02	3.07		

** $p<.01$, * $p<.05$, NS= Not significant

Seen the Table no. 5 indicates the 't'-value of working and non working women of Lack of Independency is 3.47 which is significant at 0.01 level. It means working women are significant differ on Lack of Independency score as compare to non working women. Working women have shown better Lack of Independency by getting high mean score 18.53 then non working women 16.02.

Emotional Maturity in Women

Table: 6

Mean, SD and 't'-ratio of group of women on score of emotional Flexibility (N=80)

Flexibility	N	Mean	SD	t-retio	Sig
Working women	40	27.06	3.41	2.90**	0.01
Non-working women	40	24.25	4.06		

**p<.01, *p<.05, NS= Not significant

Seen the Table no. 6 indicates the 't'-value of working and non working women of Flexibility is 2.90 which is significant at 0.01 level. It means working women are significantly differ on Flexibility score as compare to non working women have shown better Flexibility score as compare to non working women. Working women have shown better Flexibility by getting high mean score 27.06 then non working women 24.25.

CONCLUSION:

1. There were significant mean difference in Emotional Maturity of working women and non-working women.
2. There were significant mean difference in Emotional **instability** of working women and non-working women.
3. There were not significant mean difference in Emotional **regression** of working women and non-working women.
4. There were significant mean difference in **Faulty social adjustment** of working women and non-working women.
5. There were significant mean difference in **Lack of Independency** of working women and non-working women.
6. There were significant mean difference in Emotional **Flexibility** of working women and non-working women.

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